



Insurance Claim Form

TODAY'S DATE

BUILDING ADDRESS

BUILDING NAME LOT Number

CONTACT NAME (Owner/Tenant/Agent)

WORK / HOME PHONE..... MOBILE

EMAIL.....@.....

TIME AND DATE OF INCIDENT?

WHERE DID THE EVENT OCCUR?.....

FULL DESCRIPTION OF LOSS / DAMAGE? *(PLEASE RETURN THIS FORM WITH 2 X QUOTES FOR REPAIRS TO STRUCTURAL DAMAGE)*

WHO / WHAT CAUSED THE DAMAGE?

HAS THE CAUSE OF THE DAMAGE BEEN FIXED?

FOR MALICIOUS DAMAGE:

DATE REPORTED...../...../..... POLICE STATION REPORTED TO:

OFFICER'S NAME

POLICE CRIME REPORT NUMBER *(for Break & Enter Claims ONLY)*

QUOTES *(PLEASE ATTACH AND RETURN THIS FORM WITH 2 X QUOTES FOR REPAIRS TO STRUCTURAL DAMAGE)*

SIGNED:

DATED:

OFFICE USE ONLY

Date Received/...../20

Application Acknowledged/...../20

By-Laws Checked/...../20

Issued to the Committee/...../20 via **Flying Min** **CMTEE Mtg** **General Mtg** Approval Granted Yes / No Filed...../...../20 Staff I.D