

Mover's Choice

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PROPERTY CLAIMS REPORTING FORM

Reporting Date: _____ Date of Loss: _____

POLICY NO.:

POLICY PERIOD:

EFFECTIVE DATE:

EXPIRATION DATE:

INSURED NAME:

INSURED ADDRESS:

INSURED PHONE NUMBER:

WORK:

HOME:

LOSS INFORMATION

LOCATION OF LOSS:

KIND OF LOSS: FIRE THEFT

LIGHTNING

HAIL FLOOD WIND OTHER:

PROBABLE AMOUNT OF
LOSS:

POLICE OF FIRE DEPT. REPORTED TO:

DESCRIPTION OF DAMAGE :

REMARKS:

REPORTED BY:

CONTACT PERSON: