

INSURED PROPERTY CLAIM REPORT FORM (NON-AUTO)

INSURED PROPERTY OWNER:

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____
Date of Incident: _____ Time of Incident: _____ a.m./p.m.
Description of Incident: _____
Description of Damage: _____
Temporary Repairs: _____
Police/Fire Dept.Contact: _____

WITNESS:

Name: _____ Phone: _____
Name: _____ Phone: _____

CLAIM REPORT COMPLETED BY: _____ **Date** _____

FAX IMMEDIATELY TO:

Lumbermens Insurance – 541-385-3231