

PROPERTY DAMAGE REPORT

INSURED:		POLICY #	
ADDRESS:			
CONTACT PERSON:		PHONE: ()	
CLAIMANT:			
ADDRESS:			
CONTACT PERSON:		PHONE: ()	
CLAIMANT STATUS: <input type="checkbox"/> OWNER <input type="checkbox"/> OTHER			
DATE OF ACCIDENT: _____ DAY OF THE WEEK: _____ TIME: _____ PM or AM			
DESCRIPTION OF ACCIDENT (INCLUDE CONDITIONS):			
EXTENT OF DAMAGE AND DOLLAR ESTIMATE:			
WERE PHOTOS TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO BY WHOM? _____			
WHO IS RESPONSIBLE FOR SUPERVISION OF THE AREA/JOB SITE? _____			
WHOSE EQUIPMENT WAS INVOLVED? _____			
JOB SITE LAST INSPECTED? _____ BY WHOM? _____			
LOCATION INSPECTED IMMEDIATELY AFTER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO BY WHOM? _____			
NUMBER OF CARS WASHED DAY OF ACCIDENT BEFORE _____ AFTER _____			
NAME, ADDRESS AND PHONE FOR ANY WITNESSES:			
1) _____			
2) _____			
3) _____			
4) _____			

USE SEPARATE SHEET FOR ANY ADDITIONAL INFORMATION

REPORTED BY: _____ (PRINT) _____ (SIGN)