



## Insurance Claim – Customer Information

Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_

\_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Secondary Phone #: \_\_\_\_\_

Customer Account #: \_\_\_\_\_

Physical Location of Loss: \_\_\_\_\_

\_\_\_\_\_

Date and Time of Loss: \_\_\_\_\_

Repairs Made (Yes or No): \_\_\_\_\_

Description of Accident or Loss

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments

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