



PROPERTY DAMAGE REPORT FORM - CLMU084636

DATE TIME

LOCATION

INCIDENT REPORTED TO POLICE (IF APPLICABLE) YES NO

STATION CRIME REFERENCE

DETAILS OF LOSS OR DAMAGE

ARE YOU THE SOLE OWNER OF THE PROPERTY YES NO

IF NO, PLEASE STATE OTHER INTRESTED PARTY

DETAILS OF LOSS OR DAMAGE

DETAILS OF ANY PERSON KNOWN TO BE RESPONSIBLE FOR THE INCIDENT

IF APPLICABLE, WHERE THE PREMISES OCCUPIED AT THE TIME

YES NO

DETAILS OF THE ITEMS/PROPERTY LOST, STOLEN OR DAMAGED

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>COST TO REPLACE/ REPAIR</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>

PLEASE ATTACH ANY ORIGINAL RECEIPTS AND ANY ESTIMATES FOR REPLACEMENTS/REPAIRS

ARE THERE ANY OTHER INSURANCE POLICIES COVERING THE LOSS

YES NO

IF YES, PLEASE SUPPLY DETAILS

DECLARATION

I/WE DECLARE THAT THE PARTICULARS GIVEN ON THIS FORM ARE TRUE AND COMPLETE

SIGNATURE

STATUS OF SIGNATORY

DATE