

Property Damage Claim Form

PLEASE PRINT LEGIBLY AND NEATLY

Today's Date: _____

1. Claimant Name: _____
(First, Middle Initial, Last Name)

2. Claimant Address: _____

3. Claimant Telephone: _____
(Office) (Home) (Cellular)

5. Claimant's Email Address: _____

6. Claimant's Insurance Company: _____

7. Policy Holder's Name: _____

Policy Number: _____

Policy Period: (Effective Date) _____ Policy Period:(Expiration Date) _____

8. Did you file a claim with your insurance company?: Yes No

9. Date of Incident: _____ Time of Incident: _____ A.M. / P.M.

10. Incident Location: (provide specific address, i.e. 631 N. Market St.):

11. Witness Name (if applicable): _____
(First, Middle Initial, Last Name)

12. Witness Address: _____
(Address, City, State & Zip Code)

13. Witness Telephone: _____
(Office) (Home) (Cellular)

14. Description of Incident (give details of how damage occurred) Use additional sheet if necessary:

15. Police Report Number (If Applicable): _____

16. Additional information submitted (i.e. photos, etc.): _____

17. I am aware of the substantial penalties, attorneys', and legal fees that may be imposed for filing a false or fraudulent claim.

Signature

Date

18. Certification - This signature certifies that the information on this form is true and accurate to the best of my knowledge. I have submitted this information in a manner that represents the true facts of this claim for the purpose of investigating this claim.

Signature

Date

REMEMBER -- Respond to all questions Attach supporting evidence and information

Mail this form to:

City of Mount Carmel 631 N. Market Street, Mount Carmel, IL. 62863