

Property Loss Claim Reporting Form

ACCASBOJIF

BCIPJIF

GCSSDJIF

I. General Information

District Name: _____

Campus or Location Name: _____

Address: _____

Contact Name: _____

Phone Number: _____ Fax Number: _____

Email: _____

➤ Was an Incident Reporting Form Completed?

Yes, (please attach copy)

No, (please complete the form and attach)

II. Type of Property Loss

Damage to automobile\ vehicle – use Liability & Automobile Physical Damage Reporting Form

Damage to district owned property other than an automobile\ vehicle
(complete section III next)

III. Property Loss

Date loss occurred? _____

Location of damaged property: _____

What caused the loss\damage?

Lightning

Theft

Fire

Hail

Flood

Wind

Other (describe): _____

To whom was the loss reported?

Police

Fire

Please provide contact names for obtaining reports from above:

Police: _____

Fire: _____

What is the estimated value of the loss (if known): \$ _____