

# Property Claim Reporting Form

Office Use:  
Client Code \_\_\_\_\_

Today's Date: \_\_\_\_\_

Policy No.: \_\_\_\_\_

**Named Insured (Include DBA if applicable):** \_\_\_\_\_

Mailing Address of Insured: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Type of Loss:  Fire  Water  Theft  Other (explain): \_\_\_\_\_

## Complete Description of Loss:

Property Address Where the Loss Occurred: \_\_\_\_\_

What Happened? \_\_\_\_\_

Describe the Damage to the Property or Provide a List of Stolen Items:  
\_\_\_\_\_

Was Anyone Injured?  Yes  No

Police Contacted?  Yes  No

Fire Dept. Contacted?  Yes  No

Department Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Case No.: \_\_\_\_\_

## Witness Information:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

Witness Statement: \_\_\_\_\_

Questions &/or Special Issues to be Addressed: \_\_\_\_\_

Please take necessary and reasonable steps to ensure that the property is protected from additional damage.  
Maintain all receipts and take photos.

Form Completed By: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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