



CLAIMS ADJUSTING GROUP, INC.

CIBA Liability Loss Reporting Form

You may tab through the fields and fill in the form or you may print out this form to complete by hand. Once completed, please fax to our claims department at 818.638.8530 or e-mail the form to claims@claimsadjustgrp.com.

Reporting Information

Date Reported: Time Reported: For Which Policy Period:
Reported By:
Reported To:

CIBA Associate Information

Insured Associate Name:
Mailing Address:
City: State: Zip:

Contact Information

Owner: Phone Number: Pager/Cell:
Manager or Mgmt Co.: Phone Number: Pager/Cell:
Occupant: Phone Number: Pager/Cell:

Loss Information

Location Address:
City: State: Zip:
Date of Loss: Type of Loss:

Claimant Information

Name(s):
Address:
City: State: Zip:
Phone Number: Pager/Cell:
Represented by an Attorney? Yes No Name:
Mailing Address:
City: State: Zip:
Phone Number: Pager/Cell:

Fatality? Yes No

Description of Damage or Injuries:



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Additional Comments: _____

Internal Use Only	
Assigned To:	Date Assigned: