



CLAIMS ADJUSTING GROUP, INC.

CIBA Property Loss Reporting Form

You may tab through the fields and fill in the form or you may print out the three pages of this form to complete by hand. Once completed, please fax the application to our underwriting 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: PID #:

CIBA Associate Information

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

Contact Information

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

Loss Information

Location Address:
City: State: Zip:
Date of Loss: Type of Loss:
Description of Loss and Damages:

Have Emergency Services Been Contacted? No Yes (If yes, please provide their name and number below)
Name: Phone Number:

Probable Amount of Loss:

Additional Comments:

[Multiple blank lines for additional comments]

Internal Use Only
Assigned To: Date Assigned: