



CLAIMS ADJUSTING GROUP, INC.

CIBA Pollution 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: _____

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: _____



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Claimant Information (if Applicable)

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: _____

Description of Damage or Injuries: _____

Multiple horizontal lines for describing damage or injuries.

Internal Use Only
Assigned To: _____ Date Assigned: _____