



CLAIMS ADJUSTING GROUP, INC.  
**CIBA Property Loss Reporting Form**

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**Reporting Information**

Date Reported: \_\_\_\_\_ Time Reported: \_\_\_\_\_ For Which Policy Period: \_\_\_\_\_

Reported By: \_\_\_\_\_

Reported To: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Internal Use Only</b>	
Assigned To: _____	Date Assigned: _____