



CLAIMS ADJUSTING GROUP, INC.
CIBA Property Loss Reporting Form

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: _____

Internal Use Only

Assigned To: _____

Date Assigned: _____