

J. Pekala & Associates

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Property Damage & Theft Claim Report

(Not used for Automobile or Workers Compensation)

Please furnish the following information for prompt handling of your claim. You may call this information in our office or you may fax or mail this form to us.

Policyholder Information

Insured's Name (as it appears on policy) _____

Address 1 (Street) _____

Address 2 (Street) _____

City _____ State _____ Zip Code _____

Policy No. _____ Effective Date: _____

Date reported: _____

Reported by (name) _____ Title _____

Phone (Home/Cell) _____

(Work) _____ Phone (Church) _____

Fax _____ E- mail _____

Date of Loss _____

Property Loss Information

Location of Loss (Street) _____

City _____ State _____ Zip Code _____

Type of Loss (fire, lighting, theft...): _____

Description of how loss occurred and damaged caused :

Age of property (if known) : _____

Cost New (if known): _____

Is there other insurance to cover the loss: _____

Estimated damage amount to all property \$ _____

If theft, vandalism, burglary is involved, date police where notified _____

Police Department: _____

(Street) _____

City _____ State _____ Zip Code _____