

## PROPERTY CLAIM / INCIDENT REPORT – MEMBER’S PROPERTY DAMAGE ONLY

Note: Use this form 1) to report any claim involving damage to Member’s Property or 2) Property in Member’s care, custody, and control.

The following instructions are to assist in the completion of the Property Claim/Incident Report:

1. **Name of Member:** *Municipality Name*, NOT the person completing form or claimant or department involved in claim / incident.
2. **Department:** Means *the department involved in claim / incident*, NOT the name of department completing the form.
3. **Phone Number:** Means *telephone number of the department involved in the claim / incident*, NOT the person or department completing the form.
4. **Reported By:** Means individual reporting the claim / incident to the Member contact or other person who completed the form.
5. **Exact Location:** Street address where the claim / incident occurred. It is ok to use a common name like DPW Building.
6. **Date of Claim/Incident:** Date when the claim / incident occurred.
7. **Time:** Time of day the claim / incident occurred.
8. **Date Reported:** The date that the Member was first advised by claimant or sub-department that accident occurred.
9. **Member Property (Building):** Describe member building that sustained damage.
10. **Member Property (Contents):** Describe member contents / personal property damaged.
11. **Member Property (Other):** Describe member property, other than building or contents, that sustained damage (example: sign, pole, fire truck, etc.)
12. **Cause of Damage:** Describe what caused damage or loss (example: fire, wind, theft, auto collided with property, etc.)

- 13. Describe Damage:** Describe the damage to the property that needs to be repaired or replaced.
- 14. Estimate of Repair Cost:** If you have an estimate or two for the repair, please indicate the repair cost.
- 15. Actual Repair Cost:** If property was already repaired, what is the cost of the repair?
- 16. Contractor Name & Phone #:** If you have a contractor who has provided an estimate or performed the repair, please provide the contractor's name and contact information.
- 17. Subrogation Potential:** If you know who caused the damage, please provide the name and contact information for the at fault party. We may be able to collect from the at fault party for the cost of your damage.
- 18. Witness Names / Addresses:** List witness name(s) and contact information who saw or have knowledge of how the damage occurred.
- 19. Photographs Taken:** Indicate whether or not photographs were taken and whether or not you have attached the photographs. If at all possible, please try to get photos of the scene of any incident. The sooner the pictures are taken the more valuable they become because the photos more accurately show the conditions at the time the damage happened.
- 20. Supporting Documents:** Indicate whether you have any supporting documents as to how the loss occurred or to substantiate the amount of the loss, and whether or not you have attached the supporting documents.
- 21. Police Report:** If the loss was reported to the police, provide the police report number and indicate whether or not you have attached the police report.
- 22. Describe What Happen:** Provide detailed, written description of how the claim / incident occurred. Factual statements, rather than opinions, are preferred when completing this claim form.

- 23. Submitted By:** Name of individual person completing form (generally we ask that the MMRMA Member Representative complete the form).
- 24. Title:** Provide the title of the person completing this form.
- 25. Date:** The date person identified in **(23)** filled out form.



# PROPERTY CLAIM / INCIDENT REPORT

## Member's Property Damage Only

Note: Use this form 1) to report any claim involving damage to Member's Property or 2) Property in Member's Care, Custody, and Control.

(1) Name of MMRMA Member:	(2) Member Department:	(3) Member Department Phone #:	(4) Reported By:
(5) Exact Location of Claim/Incident:	(6) Date of Claim/Incident:	(7) Time of Incident: A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	(8) Date Reported By Department:

**MEMBER PROPERTY DAMAGE**    Claim     Notice Only

(9) Property Damaged (Building):		
(10) Property Damage (Contents):		
(11) Property Damage (Other):		
(12) Cause of Damage:		
(13) Describe Damage:		
(14) Estimate of Repair Cost: \$	(15) Actual Repair Cost: \$	(16) Contractor's Name and Telephone #:

(17) Subrogation Potential? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Who Caused Damage?		
Name or Company Name:	Address:	Telephone #:

(18) Name of Witness:	Witness Address:	Witness Telephone #:
1)		
2)		
3)		

(19) Photographs Taken?    Yes <input type="checkbox"/> No <input type="checkbox"/> Photographs Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	(20) Other Supporting Documents?    Yes <input type="checkbox"/> No <input type="checkbox"/> Supporting Documents Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	(21) Police Report #: Police Report Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>
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(22) Please describe in detail how the claim/incident occurred (attach any supporting data):
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(23) Submitted By:	(24) Title:	(25) Date:
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