

Date of Report:

CC:

Incident Report

■ Insured Information

A. Corporate Name <input type="text"/>			
B. Building Address <input type="text"/>			
C. Property Manager <input type="text"/>		D. Telephone <input type="text"/> ext: <input type="text"/>	
E. Superintendent Name <input type="text"/>		F. Telephone <input type="text"/>	

■ Incident Information

G. Date of Incident <input type="text"/>	H. Time of Incident <input type="text"/>
I. Detailed Description of Incident (How did the incident occur? Include source if a property claim is involved, ie: Hot water pipe leaked) <input type="text"/>	

■ Building Damages

Unit	Unit Owner Name	Unit owner Telephone	Unit owner email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

■ Comments

■ Note

Always take photos of damage Send copy of leases and/or bylaws	Make emergency repairs but not permanent until inspected by adjuster Obtain and submit repair estimate for building damage
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