

QUICK REPORT

Please fax this form to 212-592-9426, completed as best you can, when you wish to make us aware of a claim (or potential for a claim) or accident **RIGHT AWAY**- when you don't have all of the facts, are not in a position to right away get all of the paperwork and numbers, etc. This form might help you organize your thoughts in getting together investigative info.

Name of Insured :

Location Where Loss Took Place :

When Did This Happen: (date and time) _____

What Happened?

(If Insured Property Lost/Damaged) - What are the damages?

(If Another Party is Injured/Another's property damaged - Identify the owner/injured and describe the injuries and/or damages:

Name/Title/Contact Number for Person Reporting This:
