

## Claim Home Insurance

### Insured Information

Name : \_\_\_\_\_ Date: \_\_\_\_\_

*First Name*

*Last Name*

Insurance policy # \_\_\_\_\_

Best phone number to reach you : \_\_\_\_\_ Email \_\_\_\_\_

Date \_\_\_\_\_ Location \_\_\_\_\_

**If you have pictures, please send them attached to the email when sending this form.**

### Injury

Name : \_\_\_\_\_ Date: \_\_\_\_\_

*First Name*

*Last Name*

Police report # if available \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*Apartement #*

Insurance policy # \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Insurance Company \_\_\_\_\_

### Summary of event

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Please submit your claim and we will get back to you shortly