

Claimant/Witness Statement

Date of Report _____ Property _____
(Do not abbreviate)

Date of Incident _____ Time _____ AM/PM

Weather Condition _____

Name of Injured Party _____

Resident Homeowner Occupant Guest unknown

Injured Party Address _____

Street City State Zipcode

Occupant/Resident Name(s) _____

Occupant/Resident Address _____

Street City State Zipcode

Occupant/Resident Phone Number (h) _____ (w) _____

Location where incident occurred _____

Name of any Witness _____

Witness Address _____

Street City State Zipcode

Witness Phone Numbers (h) _____ (w) _____

Description of what happened (Detail who, what, when, how.) _____

Do you feel negligence was involved? If so, why? _____

Attending Physician, address and phone number _____

Doctors statements or estimates (circle one) attached will follow

Signature _____ Date _____

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Corporate Use Only

Date received: Copy/Faxed _____ Original _____

Insurance Agent: _____ Notified ON: _____

_____ Record Only _____ Insurance Claim _____ R. Adm _____ Pres _____ EVP. _____ RM

DISCLAIMER: These sample forms and agreements are not endorsed by the Institute of Real Estate Management. They are presented for informational purposes only and should not be relied upon for accuracy, completeness or consistency with applicable law. The user is advised to check all applicable state and federal law before using these forms, agreements, or parts thereof. Because certain forms have legal implications (e.g., management agreements, rental applications), it is recommended that downloaded versions of such forms should be reviewed with legal counsel prior to their use and that any modifications made by the user should also be reviewed by legal counsel.