



Claim Form

Name of Person Filing Claim
Address
Property

Date of Claim:
Resident: Yes No
Account #:
Phone #:

Type of Claim

Automobile
Make: Year: Date of Accident: Owner:
Insurance Coverage: Yes No Insurance Co Name:
Police Report: Yes No Photo Attached: Yes No
Description of Damage: Estimated Cost:

Circumstances of Claim (give complete details how accident occurred):

Property
Date of Loss:
Work Order Filed: Yes No Work Order Attached: Yes No
Photo Attached: Yes No

Table with columns: Item Name, Description - Make/Model, Date of Purchase, Estimated Original Purchase Cost

Circumstances of Claim (give complete details how accident occurred):

Bodily Injury
Date of Injury:
Details of Injury

Did you receive medical treatment? Yes No
Is medical report attached? Yes No
Did loss of work occur? Yes No
Is photo of accident area attached? Yes No

Signature of Person Filing Claim

Date

TO BE COMPLETED BY PROPERTY MANAGER

Was a Work Order involved in this claim? Yes \_\_\_\_\_ No \_\_\_\_\_  
*(Please attach all work orders involved in this claim)*

Did you see the damaged items? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was the Police Department contacted? Yes \_\_\_\_\_ No \_\_\_\_\_  
*(If yes, please attach a copy of the report.)*

Describe condition of items: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Please attach pictures of items to this claim.)*

How could tenant have prevented this loss? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Property Manager

\_\_\_\_\_  
Date

.....  
TO BE COMPLETED BY MAINTENANCE OR MANAGEMENT DEPARTMENT

Was emergency work orders involved in this claim? Yes \_\_\_\_\_ No \_\_\_\_\_  
*(If yes, please attach copies.)*

Description of action taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Maintenance/Management/MHA Staff

\_\_\_\_\_  
Date