

Commercial Property Loss Incident Report Form

Incident Information

Date of Incident

Time of Incident

Incident Location

Address or Area

Type of Loss

Select

Description of Incident

Property Owner Details

Owner Name

Contact Number

Email Address

Mailing Address

Reported By

Name

Role/Title

Contact Number

Witnesses (if any)

Name

Contact

Loss Details

Property/Items Damaged or Stolen

Estimated Value of Loss

Police/Fire Department Report

Report Filed?

Report Number

Signature

Date