

Date of Loss:	/]	Time: _	: AM/P	Μ			
Policy # and N	lamed I	nsure	d:					
Location of Loss:								
Description of Loss:								
Action Taken:								
Authority Con	tacted:			Case Number:				
Damage Information:								
Kind of Loss:	Fire	?	Lightning?	Flood?	Theft	t? 🗌	Hail? 🗌	Wind?
Other? (Explain)								
Name of Prop	erty Ov	vner:		Phone: ()				
			Address:					
			City/State:					
Name of Witnesses:						Phone	:()	
						Phone	:()	

Contact Person:	Reported by:			
Phone: ()				

Send completed reports to: <u>NewClaims@crestins.com</u>

By fax to: (520) 325-3757

By mail to:

Crest Insurance Group Claims Department 5285 E. Williams Circle, Suite 4500 Tucson, AZ 85711

Contact Information:

Tucson Location: (520) 881-5760 Toll Free: (888) 881-5765 info@crestins.com



SUGGESTIONS FOR REPORTING PROPERTY CLAIM

- Were photographs taken? Please include originals (photocopies are seldom adequate)
- Was a police report/incident report created? Please include all copies.
- The more detail you can supply, the better.
- For stolen items, were they secured? What kind of lock? Who has the keys or access? Supply a list, original cost, date of purchase? For damaged personal property, give brand names, original cost, date of purchase, where can it be seen? (This can be collected over time and provided to Adjuster once assigned)
- For damaged property, was item removed from scene or location? Was it stored for examination by investigator? Where stored? (Do necessary work to protect property from further damage until told differently by Adjuster and keep any/all receipts)