## **B.E.D. PROPERTY/CASUALTY LOSS FORM:**

1A. CLAIM NUMBER:		1B. DATE RECEIVED:		
			TIME RECEIVED:	· · · · · · · · · · · · · · · · · · ·
2. DATE OF LOSS/ACCIDENT				
TIME OF LOSS/ACCIDENT:				
3. LOSS TYPE:	Automobile		Vehicle/Plate #	
	Property		Year/Make/Model	
	Bodily Injury Other			
	Calor	1.) <u> </u>		
L YOUR INFORMATION:	Name			
	Company			
	Address			
	Telephone	<u>(H)</u>	<u>(W)</u>	
	Fax		internet in	
	E-Mail Address			
5. YOUR INSURANCE:	Company			
	Contact			
	Policy Number			
	Address			
	Telephone			17
	Fax			
	E-Mail Address	*****		
DESCRIPTION OF EVENT:				
ocation/Address:				
escription:				

## FOR RISK MANAGEMENT USE ONLY:

8 COMMENTS:

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Cartor and C					
and the second sec		_		2-114	-
1		Area -			-
1 14					
9. INVESTIGATION	Police Report		BPD#		
	Pictures		Quantity		
	Workticket(s)				
	Dispatch	•			
	<b>Registered Mail</b>		Date		
	Invoice				
10. RESOLUTION:	Denied				
- N	Settled				
	Amount	<u>\$</u>			
	Signed Release		Date		
	0				
11 STATUS	Open				
	Closed		Date		

Revised 4/26/01