HUB Strategic Claims Management (P) 212-338-2338 or 212-338-2885

Email: NRMCclaims@hubinternational.com or | (F) 917-934-4657 or 917-934-4536

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| --- |
| **Member Name:**       **ID#:**       |
| **Property Name:**      **No:**      **Owner:**      |
| **Property Address:**       |
| **Property Manager/Contact Name:**      **Telephone:**      |
| **Date Reported:**      **By Whom:**      |
| **Resident:** [ ] Yes [ ] No **Name:**       **Unit #**:       **Telephone:**      |
|  |
| **Date of Incident**:       **Time:**       **Location:**       |
| **Description of Incident and property damage:**       |
|  |
| **Any Injuries (describe):**       |
|   |
| **Was First Aid given at the scene:** [ ] Yes [ ] No **By Whom:**      |
| **Police/Fire/Ambulance at scene?** [ ] Yes [ ] No - **If yes, identify names of officials**:      |
|  |
| **Hospital (if known):**       |
| **Weather Conditions**: [ ] Wet [ ] Ice  [ ] Snow [ ] Clear & Dry  [ ] Raining |
| **Lighting Conditions:** [ ] Bright [ ] Dim  [ ] Working [ ] Not Working |
| **Location of incident inspected?**: [ ] Yes [ ] No - **If yes, date:**       |
| **Observations:**       |
| **First employee on scene:**       |
| **Action Taken**:       |
| **Further Action Required**:      |

|  |  |
| --- | --- |
| **Witness 1** | **Witness 2** |
| **Name:**       | **Name:**       |
| **Address:**       | **Address:**       |
| **Telephone:**       | **Telephone:**       |

**Completed By:**       **Signature:**

**Position:**       **Date:**