



Risk and Insurance Services

### Property Damage Report Form (other than auto\*)

Please return the completed form to Risk and Insurance Services, 208 Elizabeth Avenue, fax 709-864-8823, or email enterpriserisk@mun.ca, **prior** to incurring any costs.

Department: \_\_\_\_\_

Employee/Contact Information      Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Fax No: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Incident: \_\_\_\_\_      Time: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Type of Loss:      Water Damage \_\_\_\_\_      Theft \_\_\_\_\_  
Fire \_\_\_\_\_      Vandalism \_\_\_\_\_      Other \_\_\_\_\_

Description of the Property (including model number, serial number, age, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Description of the damage:  
\_\_\_\_\_  
\_\_\_\_\_

Description of how the incident occurred:  
\_\_\_\_\_  
\_\_\_\_\_

Approximate cost of repairs: \_\_\_\_\_      Approximate cost of replacement: \_\_\_\_\_

Employee filing this report:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*for auto claims, please complete the Automobile Accident Report Form