

# REPORT OF PROPERTY DAMAGE OF LOSS

RONALD DISKIN ASSOCIATES CORP.

Attn: Claims Department

PO Box 440

East Hanover, NJ 07936

(973) 599-9600 / (973) 599-9606 Fax / www.RDAINS.com

LOCATION OF LOSS: \_\_\_\_\_ PROPERTY ID # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

DATE & TIME OF LOSS: \_\_\_\_\_

## DETAILS OF DAMAGE OR LOSS (check appropriate boxes)

### TYPE OF OCCUPANCY

- |                                      |  |  |  |
|--------------------------------------|--|--|--|
| <input type="checkbox"/> Office      | <input type="checkbox"/> Residential   | <input type="checkbox"/> Building/Structures   | <input type="checkbox"/> Plate Glass     |
| <input type="checkbox"/> Mercantile  | <input type="checkbox"/> Hotel         | <input type="checkbox"/> Boiler & Machinery    | <input type="checkbox"/> Builders Risk   |
| <input type="checkbox"/> Warehouse   | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Business Interruption | <input type="checkbox"/> Loss in Transit |
| <input type="checkbox"/> Other _____ |  | <input type="checkbox"/> Furniture/Equipment   | <input type="checkbox"/> Other _____     |

### CONSTRUCTION

- |   |  |
|---|--|
| <input type="checkbox"/> Frame-Wood           | <input type="checkbox"/> Non Combustible |
| <input type="checkbox"/> Brick, Masonry, Wood | <input type="checkbox"/> Fire Resistive  |
| <input type="checkbox"/> Joist                |  |

### FIRE PROTECTION

- |   |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> Sprinklered        | <input type="checkbox"/> Watchman |
| <input type="checkbox"/> Electronic Warning | <input type="checkbox"/> None     |

### CAUSE OF LOSS (check appropriate boxes)

- |  |  |                                     |   |
|--|--|-------------------------------------|---|
| <input type="checkbox"/> Fire Lightning    | <input type="checkbox"/> Smoke           | <input type="checkbox"/> Vandalism  | <input type="checkbox"/> Mechanical Breakdown   |
| <input type="checkbox"/> Sprinkler Leakage | <input type="checkbox"/> Civil Commotion | <input type="checkbox"/> Explosion  | <input type="checkbox"/> Rupture & Explosion    |
| <input type="checkbox"/> Pipe Bursting     | <input type="checkbox"/> Aircraft        | <input type="checkbox"/> Collapse   | <input type="checkbox"/> Electrical Disturbance |
| <input type="checkbox"/> Wind              | <input type="checkbox"/> Automobile      | <input type="checkbox"/> Flood      | <input type="checkbox"/> Theft                  |
| <input type="checkbox"/> Storm             | <input type="checkbox"/> Hail            | <input type="checkbox"/> Earthquake | <input type="checkbox"/> Employee Dishonesty    |
| <input type="checkbox"/> Other _____       |  |                                     |   |

DESCRIPTION OF DAMAGE: \_\_\_\_\_

ESTIMATED COST OF REPAIRS: \_\_\_\_\_

EXPLAIN HOW DAMAGE OCCURRED: \_\_\_\_\_

STEPS TAKEN TO PREVENT RECURRENCE OF THIS LOSS: \_\_\_\_\_

PERSON MAKING REPORT (please print): \_\_\_\_\_

SIGNATURE OF PERSON MAKING REPORT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS OF CONTACT PERSON: \_\_\_\_\_

*When completed send this report to the address above, attention of Risk Manager.*

# INCIDENT REPORT

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**WHEN** DATE: \_\_\_\_\_ 20\_\_ DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

**WHERE**

ADDRESS OF BLDG \_\_\_\_\_

SPECIFIC AREA OF INCIDENT \_\_\_\_\_

NAME OF PROPERTY MANAGER \_\_\_\_\_ PHONE NO \_\_\_\_\_

**INJURY** FULL NAME \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_ D O B \_\_\_\_\_

FULL ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

OCCUPATION OR POSITION \_\_\_\_\_

ACTIONS PRIOR TO INCIDENT \_\_\_\_\_

**WITNESS** NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

**INCIDENT:** RECONSTRUCT DETAILS OF OCCURRENCE. USE BLANK SHEET IF MORE SPACE IS REQUIRED.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INCIDENT INVESTIGATED, YES NO REMARKS: \_\_\_\_\_

**EMERGENCY UNITS** POLICE, FIRE, AMBULANCE OR OTHER

**POLICE** NAME \_\_\_\_\_ SHIELD # \_\_\_\_\_ PCT. \_\_\_\_\_

CASE NUMBER \_\_\_\_\_

**FIRE** UNIT(S) \_\_\_\_\_ OFFICER IN CHARGE \_\_\_\_\_

**AMBULANCE** NAME OF AMBULANCE \_\_\_\_\_ HOSPITAL \_\_\_\_\_

ADMISSION NO. \_\_\_\_\_ DOCTOR \_\_\_\_\_

**OTHER**

FORWARD TO RISK MANAGEMENT DEPARTMENT