



Island Home Insurance  
Company

## CLAIM FOR PROPERTY DAMAGE

**NOTICE TO CLAIMANT:** In order that your claim for property damage may receive proper consideration you are requested to furnish the information called for on this form. All relevant and material facts should be stated, as this will be a basis of further action upon your claim.

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Full Name of Claimant \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Vehicle Description: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Name of Driver: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Driver's Address: \_\_\_\_\_

Date and Time of accident: \_\_\_\_\_

Location of accident: \_\_\_\_\_

Description of Accident: \_\_\_\_\_

\_\_\_\_\_

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Person you are claiming against, and the vehicle they were driving \_\_\_\_\_

Name(s) and contact information of witnesses, (if any): \_\_\_\_\_

Why do you believe that your are entitled to compensation for this accident: \_\_\_\_\_

**Declaration: I certify that all of the statements set forth on this form are true to the best of my knowledge. All relevant and material facts have been stated.**

Executed on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Signature of claimant: \_\_\_\_\_