

Condo Unit Property Damage Claim Form

Owner Name

Unit Number

Unit Address

Phone Number

Email Address

Date of Incident

Time of Incident

Location of Damage Within Unit

Type of Damage

Cause of Damage (if known)

Description of Damage

Action Taken (if any)

Insurance Provider (if applicable)

Policy Number

Witness Name(s) (if any)

Additional Comments/Information

Date Submitted

Signature