



## INCIDENT REPORT

This is **NOT** a *claim report* but puts Security America on notice of an incident that *may* give rise to a claim

YOUR NAME: \_\_\_\_\_ Phone # \_\_\_\_\_

COMPANY: \_\_\_\_\_

Address: \_\_\_\_\_ Fax # \_\_\_\_\_

Policy # \_\_\_\_\_ E-Mail \_\_\_\_\_

Property Damage? Yes    No            Bodily Injury? Yes    No

Expected amount of the loss? \_\_\_\_\_ Deductible Amount \_\_\_\_\_

DATE, TIME AND PLACE OF INCIDENT \_\_\_\_\_

\_\_\_\_\_

DESCRIPTION OF THE LOSS OR INCIDENT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIPTION OF THE INJURY/DAMAGES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has this been reported before?    Yes    No

Please FAX this form to 877-865-0003.

If you need to report a claim, please call 1-866-315-3838. The Claims Department will then begin an investigation. This *Incident Report* will **NOT** result in the incident being reported as claim and not investigated. It is only a record.