



## Report of Claim / Incident

Note: Please return the top copy of this form to Housing Authority Insurance Group at the above address.  
Enclose any photos, correspondence or comments relative to this incident.

Date of this Report: \_\_\_\_\_

Housing Authority Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Person filing this notice: \_\_\_\_\_ Phone: \_\_\_\_\_

Claim originates from:

Family Low-rise  Family High-rise

Elderly Low-rise  Elderly High-rise

Section 8  Other: \_\_\_\_\_

Date of Accident/Incident: \_\_\_\_\_ Time (a.m. or p.m.): \_\_\_\_\_

Project Name/HUD No. (Location): \_\_\_\_\_

Claimant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ Occupation: \_\_\_\_\_

Tenant?  Yes  No Guardian: \_\_\_\_\_

Accident/Incident Description: \_\_\_\_\_

Describe injury alleged (including part of body): \_\_\_\_\_

1. Is claimant seeking money damages from PHA?  Yes  No If yes, please explain: \_\_\_\_\_

2. Is claimant represented by an attorney?  Yes  No If yes, who? \_\_\_\_\_

For Claimant's Property Damage - Items Damaged

Estimated Value

In your opinion, was the PHA directly responsible (negligent) for the loss or damage to property?

Yes  No Why? \_\_\_\_\_

Witness Name: \_\_\_\_\_  Employee  Tenant  Relative  Other: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness Name: \_\_\_\_\_  Employee  Tenant  Relative  Other: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_