



10055 West Gulf Bank
Houston, TX 77040

CLAIM INFORMATION SHEET
Email to eClaim@bch-insurance.com
or fax to 713-688-7967

Todays Date	Insured's Name		Phone Number	
AUTO		PROPERTY	GENERAL LIABILITY	
Reported By				
Date of Loss				
Location of Loss				
Insured Driver				
Insured Vehicle				
Contact Person				
Contact Phone Number				
Type of Loss				
Description of Loss				
Claimant				
Address				
Phone Number				
Police/Incident number				
Claimant's Vehicle				
Claimant's Insurance Co				
Policy Number				
Injuries				
Witnesses				
Remarks				