



**NOTE:** Download and Save This Form to Your Computer Prior to Completion and Submission

## Claim Information Sheet

Today's Date	Insured's Name	Phone Number
<input type="checkbox"/> AUTO	<input type="checkbox"/> PROPERTY	<input type="checkbox"/> 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		

**Prefer Pen and Paper?** You may also print this form, fill it out in its entirety, scan and email it to [eclaim@bch-insurance.com](mailto:eclaim@bch-insurance.com). Or, fax to 713.688.7967.

**SUBMIT**