## **Incident Investigation Report for Physical Damage**

Complete this report for all incidents of property damage. All claims should be reported immediately to Kris Twining at Catholic Mutual Group at (608-821-4566). Please read each question carefully, and answer **all** questions as completely as you can. **Please do not leave any blanks,** unless the question does not apply.

Name of Person Reporting:		
	Phone:	
Describe the Incident: (State what ha	ppened and what damage occurred.)	
Type of Peril:		
Where did it happen?		
What happened?		
What was damaged?		
When did it occur? Date:	Hour of Incident:	AM PM
Police Report Number, if applicable:		
Do you estimate the total damages to b  ➤ If yes, be sure to call Kris T  ➤ On minor claims under \$1,5	e more than \$1,500.00? Yes or No (Circle One)  wining to request an insurance adjuster.  500.00, please turn in repair estimates or bi	llings with this form.
•	ee claim, please forward all original bills fo o Kris Twining at Catholic Mutual Group.	r the repair or
Signature of Individual in Charge	Date Report Prepared	<u> </u>

Please complete and mail or fax to:

Catholic Mutual Group ATTN: Kris Twining 702 S High Point Road Suite 221 Madison, WI 53744-4983 (608) 821-4566 Phone (608) 833-3794 Fax