

**TSC>DIRECT**

**Tri-State Consumer Insurance Company  
REPORT OF PROPERTY CLAIM or LOSS**

Name of Person Reporting: \_\_\_\_\_

Address (include City and State):  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number(s) of Person Reporting:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

**INSURED INFORMATION**

Name of Insured: \_\_\_\_\_

Address of Insured: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number(s) of Person Reporting:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Years at Location: \_\_\_\_\_

**LOSS INFORMATION**

Date and Time of Loss: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ a.m. \_\_\_\_ p.m. \_\_\_\_

Location of Loss (include City and State):  
\_\_\_\_\_

When was loss, first noticed? \_\_\_\_\_ By whom? \_\_\_\_\_

Type of Loss (Fire / Theft / Lightning / Hail / Flood / Wind / Other (Please explain)):  
\_\_\_\_\_

Description of Loss and Damage:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were the authorities (i.e., Police, Fire) contacted? Yes \_\_\_\_ No \_\_\_\_

If Yes, who was contacted?  
\_\_\_\_\_

Was a Report Number given? Yes \_\_\_\_ No \_\_\_\_ If Yes, list report number: \_\_\_\_\_

Was anyone injured? Yes \_\_\_\_ No \_\_\_\_ If Yes, please list the injured names:  
\_\_\_\_\_  
\_\_\_\_\_  
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**OTHER INFORMATION** (please include any information relating to the loss, damage, or claim which you would like to add or report):

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**Any person who knowingly and with intent to defraud any insurance company or other person files an application or commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or any insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Kindly complete the Personal Property Inventory For Proof of Loss form (also available on our website) and return with this report.