Property Damage Report Form
(other than auto*)

Please return the completed form to Risk and Insurance Services, 208 Elizabeth Avenue, fax 709-864-8823, or email enterpriserisk@mun.ca, **prior** to incurring any costs.

Department: _____

Employee/Contact Information

Name: _____

Phone No: _____

Fax No: _____

Email: _____

Date of Incident: _____ Time: _____

Location of Incident: _____

Type of Loss:

Water Damage ☐ Theft ☐

Fire ☐ Vandalism ☐ Other ☐

Description of the Property (including model number, serial number, age, etc.):

_____

_____

Description of the damage:

_____

_____

Description of how the incident occurred:

_____

_____

Approximate cost of repairs: _____ Approximate cost of replacement: _____

Employee filing this report:

_____ _____

Print Name Position

_____ _____

Signature Date