

NJIT Property Claim Incident Report Form

General Information:

Policy Period:	
Department Name:	
Department Claim/Reference Number:	
Date of Loss:	
Time of Loss:	
Loss Location:	
Building Name	
Room number	
Building/mailling street address	
Loss Contact:	
Name	
Phone Number	
Email Address	

Loss Information:

Cause of loss:	
Loss Description:	
Estimate of Building repairs:	
Estimate of Contents loss/damage:	
Estimate of Extra Expenses:	
Estimate of Revenue loss:	
Total Estimate of Damages:	
Third Party Property Involved?	
If Yes, what is the name of the Contractor/Vendor/Person involved?	

Emergency Response / Initial Actions Taken:

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Date report filed:	
EMAIL REPORT TO:	RiskManagement@njit.edu