

# Property Claim Form



This form is for reporting incidents that involve **damage to your property**. Promptly send this form with all relevant questions completed and any documentation relating to the circumstances of the incident.

**IMPORTANT:** If this incident involves the **property of others, an employee, or your automobile, then do not use this form.** Contact SCS for the appropriate Worker's Compensation, Property or Automobile Claim Form.

Policy Holder	Policy Holder Name	Address	Policy #
	Contact Name	Title	Phone
		E-Mail	Fax

Loss / Damage Detail	Location (include city & state)		
	Description of Property / Equipment		Probable Amount of Entire Loss
	Date	Time	Kind of Loss
	Description of Loss & Damage		
	Authority Contacted (Police, Fire, etc)		Case / Report #

Witnesses	Name	Address	Work Phone	Home Phone

Use the buttons below to electronically submit this form to the SCS Claims department. You may also print and mail / fax this form and any attachments to:

SCS Agency, Inc.  
 Attention Claims  
 11 Grace Avenue Suite 300  
 Great Neck, NY 11021  
 Fax: (516) 829-5857