



CONSUMER REPORT OF DAMAGES

703 West Tudor Road, Suite 101
 Anchorage, Alaska 99503
 (907) 771-5750
 (907) 561-6206 FAX

3.) Description of Damaged Property: *(please include copies of all receipts for consideration)*

Item Description	Original Purchased Date	Repaired or Replaced?	Replacement Cost	Repair Cost
Item: Make: Model: Serial No.:		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Item: Make: Model: Serial No.:		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Item: Make: Model: Serial No.:		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Item: Make: Model: Serial No.:		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
			Total: \$	Total: \$

Injuries: Yes No *(if no, skip, print and sign form)*

Extent of Injuries:

Medical Treatment(s): Yes No

First Treatment Date:

Name of Physician/Hospital:

Alaska Statutes require that this notice be included on all claim report forms:
 A person who knowingly and with intent injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Reported By:

_____ (Print)

_____ (Signature)

_____ (Date)