



## Claim Report Form

Gather these facts about what happened, then call us — we report the claim and advocate for you.

### Call us first: (770) 716-0180

This form helps you gather the facts. If anyone is injured or there's an active emergency, call 911 first.

#### CLAIM TYPE

Storm / wind / hail

Water damage

Sewer / drain

Fire or smoke

Theft / vandalism

Trip / fall injury

Student accident

Abuse / misconduct

Vehicle accident

Workers' comp

Employment

Cyber / wire fraud

Other

#### Organization Name

Policy Number

Date of Loss

Primary Contact

Phone

Email

Time of Loss

Location of Incident

Description of Incident

Person(s) Involved

Person(s) Involved — Contact Information



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## AUTOMOBILE CLAIMS ONLY

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Organization's Vehicle(s) Involved

Driver at the Time of Incident

Any Injuries? (describe)

## WORKERS' COMPENSATION CLAIMS ONLY

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Injured Employee

Date / Time of Injury

What happened

## WHAT TO SEND WITH THIS FORM

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Photos or video of the damage (take them before any cleanup or repairs begin)

Police or fire report number, if a crime or fire was involved

Any repair estimates or invoices you already have

For auto claims: the other driver's name, contact, and insurance information

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**Return this form: email [claims@ministrysure.com](mailto:claims@ministrysure.com) · report online at [ministrysure.com/claims](https://ministrysure.com/claims) · call (770) 716-0180**

MinistrySure Insurance · 367 Athens Hwy, Suite 2300, Loganville, GA 30052

This form is notice to MinistrySure Insurance, not formal notice to your carrier. We report the claim to your carrier on your behalf and advocate for you through the process.