NOTICE OF LOSS – PROPERTY REAL ESTATE OWNED

OSC INSURANCE SERVICES

Please complete as many sections as possible and submit any supporting documentation.
Return to claims@oscis.com

TYPE OF CLAIM

☐ Fire ☐ Wind ☐ Falling Object ☐ Theft/VMM ☐ Other _____

Date: _____ **Loan No.:** _____ **Certificate No.:** _____

Borrower(s): _____

Home Phone: _____ Work Phone: _____ Other: _____

Property Address: _____

Contact: _____ Phone: _____

Date of Loss: _____ ☐ Occupied ☐ Vacant

GIVE DETAILS OF OCCURRENCE (If more room is needed, please provide in a separate document)

Witnesses – Names/phone numbers: _____

_____

Police/fire reports – Case No: _____ Officer/Fire Phone: _____

Additional Information: _____

_____

Lender: _____

Address: _____ Phone: _____

FORM COMPLETED BY

Name: _____

Title: _____ Email: _____