



Claim/Incident Report Form

Date: _____

Producer/Mailing Address:

AIM Association Insurance Management, Inc.

PO Box 742946

Dallas, TX 75374

1-800-876-4044 * FAX 214-360-0802

PTAClaims@aim-companies.com

Insured Information:

Name of Organization: _____		
Insured ID: _____	Policy Number: _____	
Address: _____	Council: _____	
City: _____	State: _____	Zip: _____

Person Reporting Claim:

Name: _____	Position: _____
Phone Number: _____	Email Address: _____

Type of Loss:

<input type="checkbox"/> Theft of money Was a police report filed? _____ If so, please include.
<input type="checkbox"/> Theft or Damage of property Was a police report filed? _____ If so, please include.
<input type="checkbox"/> Injury
<input type="checkbox"/> Other: _____

Witness Contact Information:

Witness Name: _____	Phone: _____
Email: _____	
Witness Name: _____	Phone: _____
Email: _____	

Occurrence:

Date: _____ Location: _____

Description of Occurrence: _____

Injured Party Information:

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

Phone Number: _____ Email Address: _____

Description of Injury: _____

Cause of Accident: _____

If you have any photos or videos of the event, please provide them.

Additional Information:
