

# Damage Report for Insurance Claim

Date: [Insert Date]

To: [Insurance Company Name]

Claim Number: [Insert Claim Number]

## Policyholder Information

Name: [Policyholder Name]

Address: [Policyholder Address]

Contact Number: [Policyholder Contact Number]

## Incident Details

Date of Incident: [Insert Date of Incident]

Location of Incident: [Insert Location]

## Description of Damage

On [Insert Date], while performing tree branch trimming on the property, damage occurred as follows:

- Damaged Property: [Describe the damaged property]
- Extent of Damage: [Provide details of the damage]
- Estimated Repair Cost: [Insert Estimated Cost]

## Supporting Documentation

Attached to this report are the following documents:

- Photos of the damage
- Estimate from a certified contractor
- Any relevant correspondence

## Signature

Sincerely,

[Policyholder Name]

[Policyholder Signature]