Claims Department E-mail Address
mortgageclaims@preciseadjustments.com

Claims Department Facsimile
(626) 817-0945

Claims Department Telephone
(800) 627-7601
(626) 817-0949

LOSS NOTICE REPORTING FORM

Today's Date: _____ Time: ____/____/____ AM / PM

Lender Name: _____

Lender Contact: _____ Contact Email Address: _____

Lender Telephone: _____ Lender Facsimile: _____

Reported by: _____ Master Certificate No: _____

Borrower Name: _____ Property Certificate No: _____

Borrower Contact: _____ Loan No: _____

Contact Hm. Phone: _____ Property Location: _____

Contact Wk. Phone: _____ _____

Property Type: ☐ Residential ☐ Commercial ☐ Mobile Home ☐ Occupied ☐ Vacant

Is this an REO Property? ☐Yes ☐ No If YES → REO Date _____

Date/Time of Loss/Occurrence: ____/____/____ ____:____ AM / PM

This is the… ☐ Actual ☐ Discovered …date and time of loss.

Type of Loss: ☐ Fire ☐ Lightning ☐ Theft ☐ Flood ☐ Storm Damage

☐ Wind ☐ Hail ☐ Vandalism ☐ Water Damage ☐ Other

Please Describe in Detail a Description of the Damages or Occurrence – Use Additional Sheets if Necessary: