



**Please complete this form
and mail, fax or email to:**

PROPERTY DAMAGE RECOVERY
ISTHA
2700 OGDEN AVENUE
DOWNS GROVE, IL 60515
FAX (630) 241-6103
mdornbusch@getipass.com

Police Report Number:	Date of Loss:
-----------------------	---------------

My Name:					
My Current Address:					
City:	State:	Zip:	Phone:	Cell:	
My Insurance Company Name:					
Claim Office Address:					
City:	State:	Zip:	Phone:	Fax:	
Adjuster Assigned:			Claim Number:		
Adjuster Email Address:			Loss Reported to Insurance Company	YES	NO
My Agent's Name:					
My Agent's Address:					
City:	State:	Zip:	Phone:	Fax:	

My Auto Liability Policy Number:
