



Oxi Fresh Property Damage Claim Submission

Insured Name: _____

Policy#: _____

Address: _____

Main Contact Person: _____

Main Contact Phone#: _____

Main Contact Email: _____

Date of Incident: _____

Time of Incident: _____

Description of Incident: _____

Description of Property Damage: _____

Address Where Physical Damage took place: _____

Address of Property Now: _____