



CITY OF NEW ORLEANS RISK MANAGEMENT DIVISION



Property Damage Incident Reporting Instructions

Please provide all requested documents and completed forms for the Risk Management Division to properly evaluate and/or process your claim. The procedure for reporting incidents is:

- 1) Submit the Estimate of damages (all must be written and itemized):
 - a. Three itemized estimates from any repair shops of your choice or
 - b. One estimate from a Certified Appraiser
- 2) Submit color photo(s) of all alleged damage.
- 3) Submit receipts, police report, and other items relevant to support your claim.
- 4) All incidents must be reported to the City of New Orleans (via email, phone, 311, mail, website)
- 5) Incident report must be completed in full. No partial forms will be accepted.
- 6) Submit the exact physical address of the incident. This is a requirement.
- 7) Photos of the defect (that caused the incident) are required.

Please submit Incident Reporting Forms and Documents to:

Claims@nola.gov or City of New Orleans-Risk Management
Claims Department
1300 Perdido St. #9E06
New Orleans, LA 70112

Upon receipt of your completed incident form, the Risk Management Division will thoroughly investigate and review your claim.

Filing this form, or obtaining an estimate from a certified appraiser, does not guarantee payment will be made. A decision regarding payment will be made only after an investigation has been completed.

You will be notified in writing regarding the disposition of your incident.



CITY OF NEW ORLEANS
RISK MANAGEMENT DIVISION



Property Damage Incident Form

Claimant's Name: _____

Home Phone: _____ Mobile: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Accident: _____ Time of Accident: _____

Accident Location: _____

Type (cause of property damage):

- Glass breakage
- Pothole
- Fallen Tree
- Towing
- Parking Garage
- Other

Describe Incident in Detail: (How did the Damage occur?) _____

Describe Damage to your Property: (What was damaged as a result?) _____

Vehicle Information

Year: _____ Make: _____ Model: _____ Mileage: _____

Estimate of Damages: _____ Is the vehicle available to view? _____

Witness: _____

Witness's Address: _____

Date Reported to Police: _____ Reported by: _____ Police Item No. _____

Date Reported to 311 (if applicable): _____ Reported by: _____ 311 Case # _____

Under penalty of perjury, I submit that all information is true and correct to the best of my knowledge.

Date: _____

Print Name: _____

Signature: _____



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Insurance Verification Form
(FOR OFFICE USE ONLY)

Claimant's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Preferred method of contact: _____

PLEASE CHECK **ONE** OF THE FOLLOWING:

I hereby state that I:

Have current insurance coverage (please list carrier below)

Do not have current insurance coverage.

Insurance Company Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Policy No: _____

Effective Date: _____ Expiration Date: _____

Agent's Name: _____ Deductible: _____

Under penalty of perjury, I submit that all information is true and correct to the best of my knowledge.

Date: _____

Print Name: _____

Signature: _____