



City of New Orleans

Incident Reporting Instructions



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In order for the Risk Management Division to properly evaluate your claim, please read the below carefully and furnish all required documents. Failure to furnish all requested documents may cause a delay in the processing of your claim.

Incident Reporting Procedures:

- 1) Estimate of damages (ALL MUST BE WRITTEN & ITEMIZED)
 - A) Three (3) itemized estimates from any repair shops you choose; or
 - B) One (1) estimate from a Certified Appraiser
- 2) Color photo(s) of all alleged damages claimed
- 3) All receipts, police report and other items relevant to proof of your claim
- 4) All incidents must be reported to City of New Orleans Information Hotline at # 311.
- 5) Incident Reporting form attached completed entirely.
- 6) An Exact Physical Address of the incident location.

MAIL INCIDENT REPORTING FORM AND DOCUMENTS TO:

City of New Orleans
Chief Administrative Office
Attn: Claims Manager
1300 Perdido Street
Suite 9E06 9th Floor
New Orleans, Louisiana 70112
(504) 658-8600

Upon receipt of your completed incident forms, the Risk Management Division will investigate and review with the appropriate City department.

Filing of this incident, 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 by mail regarding the disposition of your incident.



Print your full name _____



CITY OF NEW ORLEANS



Risk Management Division

INSURANCE VERIFICATION FORM
FOR OFFICE USE ONLY

PLEASE PRINT

Claimant's Name _____

Home Address: _____
Street City State Zip Code
Home Phone _____ Cell Phone _____ Work _____

PLEASE CHECK ONE OF THE FOLLOWING:

HEREBY STATE THAT I

☐ Have current insurance coverage with (list the name of the company below)

☐ Do not have current insurance coverage.

List insurance Company(s) below:

Name: _____

Address: _____
Street City State Zip Code

Phone No: _____

Policy No: _____

Effective Date: _____ Expiration Date: _____

Agent's Name: _____ Deductible: _____

Claimant's Signature