



City of New Orleans Incident Reporting Instructions

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
- 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 <u>ONLY</u> after an investigation has been completed.

You will be notified by mail regarding the disposition of your incident.



CITY OF NEW ORLEANS



PROPERTY LOSS CLAIM FORM

NOTE: Please print clearly and complete all applicable sections

1. 1. 1. 1.	Claiman	t Information		Service Service 2
Name				W-32
First		Middle	L	ast
Address:			_	E >
Contact Number(s): Home	Business	ex	t Cell	
NESTERN THE STORY OF THE	Witness	Information	/ESEE 25 ESEE 25	
Name:First	# / / / / / / / / / / / / / / / / / / /		Date of Loss	
First	Middle	Last		
Address:				
Contact Number(s): Home	Business	ex	t Cell	
Cause of Loss	#.			
City Department			9	
	Loss Loca	tion and Date		
Address:			Date of Loss	
City/State/Zip				
Describe Property damage				
Residence	☐ Auto	□ Garage	☐ Property o	r Premise
Estimate of Damages \$	Whe	en can property be inspe	ected?	
Authority Contacted	City	Department		
		Date		
l believe under the penalty of p knowledge.	erjury, that all information	submitted by me is tr	ue and correct to the l	pest of my
Signature:		Date:		
Drint your full name				



INSURANCE VERIFICATION FORM FOR OFFICE USE ONLY

PLEASE PRINT Claimant's Name Home Address: 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: Address: City State Zip Code Phone No: Policy No: Expiration Date: Effective Date: Agent's Name: _____ Deductible: _____ Claimant's Signature