

# Property Damage Claim Form

Instructions for completing this form are located on the final page.

Claimant Information			
Full Name:			
Home Address:			
Home Phone:		Personal E-Mail:	
Occupation:		Employer:	
Work Address:			
Work Phone:		Work E-mail:	
DOB:	Driver License No.:	State:	

Incident Information	
Incident Date:	Incident Time:
<b>Incident Location</b> <i>(be specific)</i>	
Roadway Name:	Nearest Exit/Intersection:
Address:	
City:	County:
Other Location Information:	

Condition	
Weather Condition: <input type="checkbox"/> Sun <input type="checkbox"/> Cloudy <input type="checkbox"/> Windy <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Ice (select all that apply) <input type="checkbox"/> Other:	
Temperature (°F)	Road Condition: <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Icy <input type="checkbox"/> Other:
Workers Present?	Companies Working In Area:
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Description:	Diagram:

Claimed Damaged Property			
<b>Property Description – Vehicle</b>			
Vehicle Make:		Model:	Year:
Plate No.:		VIN:	
Purchase Price:		Current Value:	
Other Information:			
<b>Property Description – Other</b>			
Description:			
Purchase Price:		Current Value:	
Other Information:			
<b>Ownership Information</b> <i>(Complete if Allegedly Damaged Property is Not Owned by Claimant)</i>			
Full Name:			
Home Address:			
Home Phone:		Personal E-Mail:	
Occupation:		Employer:	
Work Address:			
Work Phone:		Work E-mail:	
DOB:	Driver License No.:		State:
Relationship to Claimant:			
<b>Damage Information</b>			
Repair/Replacement Estimate:		Amount Claimed:	
Damage Description:			
Describe any incidents other than the incident described above that may have damaged the property:			

Insurance Information			
Insurance Co.:			
Address:			
Phone:		E-Mail:	
Website:			
Agent Name:		Agent Phone:	
Policy No.:			
Policy Period:		Deductible Amount:	
Have you reported the incident to your insurance company?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Reported:
			Claim No.:
Have you received any compensation from your insurance company?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:

Police Information			
Did the police respond to the incident?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency:	Police Report No.:		Case ID:
Officer Name:			ID:
Officer Name:			ID:
Officer Name:			ID:

**Attorney Information**

Have you retained an attorney in connection with the incident or your claim?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Attorney Name:	Law Firm:	
Phone:	Email:	

**Witness Information****Witness 1**

Name:	
Address:	
Phone:	E-Mail:
Relationship to Claimant:	

**Witness 2**

Name:	
Address:	
Phone:	E-Mail:
Relationship to Claimant:	

**Witness 3**

Name:	
Address:	
Phone:	E-Mail:
Relationship to Claimant:	

**Declaration**

***I, the undersigned, hereby swear and affirm that the facts and statements above are true and correct and that I have not withheld any information relevant to the claim.***

Claimant Signature	Date
STATE OF Notary Signature	COUNTY OF Notary Stamp
Date	
Date Commission Expires:	

## INSTRUCTIONS ON COMPLETING PROPERTY DAMAGE CLAIM FORM

When completing this form, please follow the below instructions:

- Type or print, except where signature is indicated
- Use blue or black ink, if handwriting
- Do not leave any fields blank unless inapplicable
- Claimant's signature must be properly notarized
- Submit a complete form and supporting documentation within 30 days
- If this claim is being submitted for damage to a registered vehicle, the owner of the vehicle must be the claimant

In addition to the completed Property Damage Claim Form, please provide originals or true and correct copies of any documents or records relevant to the incident or the claim, including, without limitation, the following:

- Insurance card(s)
- Declaration page(s) for all applicable insurance policies
- Documents submitted to your insurance company
- Photos of the roadway at or near the time of the incident
- Photos of the construction-related devices or other object you alleged caused the property damage
- Copies of any police reports or investigative documents related to the incident
- Invoice or receipt for original purchase of allegedly damaged property
- At least one repair estimate or paid invoice substantiating the amount being claimed
- Any other details or forms of documentation that would help support your claim

Submit the completed Property Damage Claim Form and all supporting documentation via certified mail or electronic mail to:

North Perimeter Contractors, LLC  
ATTN: Public Relations Manager  
270 Carpenter Drive, Suite 700  
Atlanta, GA 30328  
*[jmcdonald@ferrovial.us](mailto:jmcdonald@ferrovial.us)*