

SEWERAGE AND WATER BOARD OF NEW ORLEANS RISK MANAGEMENT

NOTE: (You must provide all information that applies to your claim).

Today's Date: _____ Claim #: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Other: _____

Date of Incident: _____ Time: _____

EXACT LOCATION OF INCIDENT: _____

Cross Sts: _____ & _____

Is damage to: _____ land, _____ house, _____ building, _____ vehicle _____ other

I am the owner: ___ I am not the owner: ___ Owner's name: _____

Was there any injury? ___ Yes ___ No **Who:** _____

Were the police/ambulance notified? ___ Yes ___ No Item #: _____

Describe Injury: _____

Do you have medical coverage? ___ Y ___ N Was it used? ___ Y ___ N

Do you have Homeowner's Insurance? ___ Y ___ N Has a claim been filed? ___ Y ___ N

Company Name: _____

Address: _____ Phone _____

VEHICLE ACCIDENT/PROPERTY INFORMATION

Year: _____ Make: _____ Model: _____

I hereby state that I: _____ **Have insurance** _____ **Do not have insurance** _____

I am the owner: ___ **I am not the owner:** ___ **Owner's name:** _____

Claim filed with insurance company: ___ Yes ___ No **Date Filed:** _____

Deductible: ___ **Has vehicle/property been repaired?** ___ **Repair receipts enclosed?** ___

Insurance Company: _____

Address: _____

City: _____ State: _____ Phone #: _____

Policy #: _____ Expiration Date: _____

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Name: _____ **Continue Page 2**

Repairs paid by: Name: _____

Were the police notified? ___ Y ___ N Item #: _____

Exactly how did incident/accident occur?

Give the complete name, address & phone number of any and all witnesses:

Provide an itemized list of damages (if applicable):

Total amount requested from the Sewerage and Water Board of New Orleans.

HAVE YOU EVER FILED A CLAIM WITH THE SEWERAGE AND WATER BOARD

BEFORE: ___ YES ___ NO If yes, Date Filed _____

Type of claim filed: _____

HAS A CLAIM BEEN FILED WITH THE CITY OF NEW ORLEANS?

___ YES ___ NO If yes, Date Filed: _____

Type of claim filed: _____

I hereby declare and affirm under penalty of perjury that the statements contained herein are true and correct, and I further declare that if any of the information is false, I may be held responsible for any penalties or fines applicable under the laws of the State of Louisiana.

I agree that all information is true by checking the box above : Name _____

Email:

Please send this form and all attachments to claims@swbno.org