

PROPERTY DAMAGE CLAIM

TODAY'S DATE: _____

LAST NAME: _____ FIRST NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

HOME TELEPHONE NUMBER: _____ WORK TELEPHONE NUMBER: _____

CELL/MOBILE PHONE NUMBER: _____ EMAIL ADDRESS: _____

INCIDENT INFORMATION

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____

PLEASE DESCRIBE INCIDENT/ACCIDENT: (PLEASE USE ADDITIONAL SHEET OF PAPER IF MORE ROOM IS NEEDED.)

WAS A POLICE REPORT ISSUED: YES NO if no, please contact DRPA Dispatch at (856)968-3301 to report incident.

POLICE DEPARTMENT THAT RESPONDED: _____

PROVIDE THE POLICE REPORT NUMBER: _____

NAME OF AUTHORITY DEPARTMENT INVOLVED IN INCIDENT: _____

AUTHORITY VEHICLE NUMBER OR TAG NUMBER INVOLVED: _____

NAME(S) OF ANY WITNESS(ES): _____

ADDRESS AND/OR PHONE NUMBER OF WITNESS(ES): _____

IN ADDITION TO COMPLETING THIS FORM, PLEASE PROVIDE THE AUTHORITY WITH THE FOLLOWING INFORMATION:

- A COPY OF YOUR INSURANCE CARD OR DECLARATION SHEET
- TWO WRITTEN ESTIMATES FOR THE REPAIRS/REPLACEMENT OF YOUR PROPERTY.
- PHOTOGRAPHS OF THE DEFECTIVE CONDITION CAUSING THE LOSS AND YOUR DAMAGED PROPERTY.
- COPIES OF YOUR VEHICLE REGISTRATION AND DRIVERS LICENSE.
- IF YOU WERE INJURED DUE TO INCIDENT, PLEASE FILL OUT BODILY INJURY CLAIM AND SUBMIT TOGETHER.
- **NOTE: ALL DOCUMENTS PROVIDED BECOME PROPERTY OF THE DELAWARE RIVER PORT AUTHORITY AND ARE NON-RETURNABLE.**
- **EMAIL TO CLAIMSADMINISTRATION@DRPA.ORG OR FAX DOCUMENTS TO (856) 968-2216 OR MAIL TO: DELAWARE RIVER PORT AUTHORITY, CLAIMS DEPARTMENT – PROPERTY DAMAGE, P.O. BOX 1949, CAMDEN, NJ 08101-1949**

FRAUD WARNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY, MUNICIPALITY OR ANY OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

SIGNATURE: _____