

Adriatic Insurance Company

PHYSICAL DAMAGE CLAIMS INTAKE FORM

Policy# _____

IMPORTANT: This claim form must be completed fully.

Insured/Claimant Information:

Name: _____ Phone Number: _____

Email Address: _____

Mailing Address: _____
Street (Including Suite-Apartment-Unit #) City State Zip

Physical Address: _____
Street (Including Suite-Apartment-Unit #) City State Zip

Insured's Vehicle Information:

Year* _____ Make* _____ Model _____

Vin: _____ License Plate: _____ State Registered: _____

Name of Vehicle's owner _____ Address _____
Street (Including Suite-Apartment-Unit #) City State Zip

Ownership status: Owned Financed Leased Last Odometer Reading: _____

Phone Number: _____

If financed or leased:

Name of Finance or Leasing Company : _____

Address of Finance or Leasing Company: _____
Street (Including Suite-Apartment-Unit #) City State Zip

Acct/Loan# _____

Please attach a copy of your vehicle registration or title when submitting the claim intake form.

Incident/Loss Details:

Type of Incident: Accident Theft Vandalism Fire

Date of Loss _____ Time _____

Loss Location: _____
Street (Including Suite-Apartment-Unit #) City State Zip

Who was driving? _____ Lic# _____ Date of Birth: _____

If vehicle was parked, name of the last person to park the vehicle: _____

Police report: Yes No If yes, which law enforcement agency completed a report? _____

Provide the item number: _____

Theft and Vandalism claims must be reported to the police.

Do you have any photographs or videos from the scene of the accident? Yes No

Did you take any photographs of the others parties driver's license/proof of insurance? Yes No

If yes - please email any photos or videos to Adriatic along with this form when filing your claim.

Please provide name of your liability carrier: _____

3501 North Causeway Blvd., Suite 1000 | Metairie, LA. 70002

P: 504-838-8100 | claims@adriaticinsurance.com | www.adriaticinsurance.com

Other Party Contact/Vehicle description/Insurance Information (applicable to auto accidents only):

Name of Driver: _____ Address: _____
Street (Including Suite-Apartment-Unit #) City State Zip

Telephone: _____ Email: _____

Name of Owner: _____ Address: _____
Street (Including Suite-Apartment-Unit #) City State Zip

Telephone: _____ Email: _____

Year _____ Make _____ Model _____ Lic Plate _____

Driver's License # _____ Liability Carrier: _____

Policy # _____

On what street were you traveling? _____ Direction _____

On what street was the other party traveling? _____ Direction _____

What traffic control did you have? _____ Other party? _____

Were you issued a citation? Yes No What citation was issued? _____

Other party? Yes No

What citation was issued? _____

List damage to your vehicle: _____

List damage to the other vehicle: _____

Witness Information:

Did you have any passengers in your vehicle at the time of the accident? Yes No

If Yes, please provide Name of Passengers: _____

Address: _____
Street (Including Suite-Apartment-Unit #) City State Zip

Telephone number: _____

Were there any other witnesses to the accident who provided you with their information? Yes No

If Yes, please provide Name of Witness: _____

Address: _____
Street (Including Suite-Apartment-Unit #) City State Zip

Telephone number: _____

Location where our appraiser can inspect the vehicle: _____

Describe how the accident occurred. **IF claim is due to a fire** – Describe what caused the fire and explain the circumstances which led up to the fire. **IF claim is based on a theft**, please describe the circumstances surrounding the theft including what you were doing prior to the theft along with what you did after you discovered your vehicle had been stolen.

Illustrate with a Diagram

I, the undersigned, certify that the information provided in this claims form is true, correct, and complete to the best of my knowledge. I understand that the omission of information or the submission of false, inaccurate, or incomplete statements may be considered an attempt to defraud the Company and may result in the denial of coverage. I further acknowledge that my electronic signature carries the same legal effect as a handwritten signature and serves as my certification of this document.

I further certify that I have checked my mailing address. It is correct, and my lien-holder information is accurate.

Date: _____ Driver's Signature: _____

Date: _____ Owner's Signature: _____

*******IMPORTANT INSTRUCTIONS regarding payments.*******

Before you deposit your draft:

- Ensure ALL payees have endorsed the draft**
- Each payee must write or stamp their exact name as it appears on the draft in the endorsement section on the back of the draft**
- Signatures alone are not sufficient without the matching name**
 - Example: (A draft made payable to ABC Corp and ZZZ Auto Finance, Co.)**
 - **“ABC Corp” must be written/stamped (not just owner’s signature)**
 - **“ZZZ Auto Finance” must also endorse (stamp with words "ZZZ Auto Finance" and signature is required)**
- All endorsements should be clear and legible**
- Contact lien-holder to confirm endorsement process**
- Missing or illegible endorsements = draft will be returned**

Need Help?

- Contact your adjuster to Verify endorsements before deposit and Explain the process**

*******Failure to provide proper mailing/lien-holder information, or presenting a draft for payment missing an endorsement or improperly endorsed could result in delay in reissuing payment of up to 30 days!*******

Note: Please read your Policy Provisions. They are important. If you need a copy, call us, and we will mail you a copy.