



GULF & ATLANTIC RAILWAYS
 245 Riverside Avenue, Suite 250
 Jacksonville, FL 32202

GULF & ATLANTIC RAILWAYS CLAIM FOR LOST AND/OR DAMAGED PROPERTY

NAME: _____

ADDRESS: _____

PHONE: _____

PLACE OF INCIDENT: _____

DATE OF INCIDENT: _____ TIME: _____

WAS THIS REPORTED TO RAILROAD YES NO

IF YES, TO WHOM: _____

MAKE, MODEL, YEAR, COLOR, MILEAGE OF VEHICLE: _____

INSURANCE COMPANY, POLICY NUMBER AND TYPE OF INSURANCE: _____

DID YOU REPORT IT TO POLICE? YES NO IF YES, ATTACH REPORT

DESCRIPTION OF HOW INCIDENT OCCURRED:

IN YOUR OPINION, WHAT DID THE RAILROAD DO TO CAUSE LOSS AND/OR DAMAGE?

DESCRIPTION OF LOST/DAMAGED PROPERTY – VALUE OR COST TO REPLACE

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT:

SIGNATURE: _____ DATE: _____

Please provide: Estimates, proof of vehicle ownership, damage photo(s), driver's license, and insurance information when submitting a claim.

Submitting this information does not guarantee that your claim will be approved or that payment will be made on your claim.