Schiavone Lane Dragados JV

Palisades Tunnel Project

Property Damage Claim Notification Form

Please complete this form as thoroughly as possible and submit it with any supporting documentation. Submission of this form does not constitute acceptance of liability. All claims will be investigated.

CLAIMANT INFORMATION

Property Owner Name: _____

Property Address: _____

Mailing Address (if different): _____

Primary Phone Number: _____

Email Address: _____

Preferred Method of Contact:

☐ Phone

☐ Email

☐ Mail

PROPERTY INFORMATION

Type of Property:

☐ Single-Family Residence

☐ Multi-Family Residence

☐ Commercial Property

☐ Other: _____

Do you own the property?

☐ Yes

☐ No

If No, please explain your relationship to the property:

INCIDENT INFORMATION

Date Damage Was First Observed: _____

Approximate Time: _____

Location of Alleged Damage:

☐ Exterior

☐ Interior

☐ Both

Specific Area(s) Affected:

Description of Alleged Damage

Please describe the damage in as much detail as possible:

PROJECT IMPACT INFORMATION

Please explain why you believe the alleged damage may be related to activities associated with the Palisades Tunnel Project:

PREVIOUS CONDITIONS

Was this condition or damage present before?

☐ Yes

☐ No

☐ Unknown

If Yes, please provide details:

EMERGENCY OR TEMPORARY REPAIRS

Have any emergency or temporary repairs been performed?

☐ Yes

☐ No

If Yes:

Date of Repair: _____

Description of Repair:

_____

_____

Cost of Repair (if known): $_____

Please attach copies of invoices, receipts, estimates, or photographs.

SUPPORTING DOCUMENTATION

Please check all items included with this submission:

☐ Photographs of alleged damage

☐ Contractor estimate

☐ Repair invoice(s)

☐ Engineering report

☐ Insurance correspondence

☐ Pre-construction survey documentation

☐ Other: _____

INSURANCE INFORMATION

Has this matter been reported to your insurance company?

☐ Yes

☐ No

Insurance Company: _____

Claim Number (if applicable): _____

CERTIFICATION

I certify that the information provided in this Claim Notification Form is true and accurate to the best of my knowledge. I understand that submission of this form does not guarantee payment or acceptance of liability and that additional information may be requested as part of the investigation process.

Claimant Signature: _____

Date: _____

SUBMISSION INSTRUCTIONS

Email the completed form and supporting documentation to: Info@SLDJV.com and copy NJConstruction@gatewayprogram.org

Subject Line Format:

Property Damage Claim – [Property Owner Name] – [Property Address]

Once received, the claim will be reviewed and routed for investigation in accordance with the Palisades Tunnel Project claims process.

For Internal Use Only

Date Received: _____

Claim Number: _____

Received By: _____

Date Acknowledged: _____

Referred To: _____

Status: _____

Notes: _____