



Instructions for filing Notice of Claim with SGL Constructors

- Please complete the enclosed ***Public Incident Reporting Form*** as thoroughly as practicable. Be certain to print legibly.
- Be sure to include accurate name, address, phone and email contact information.
- If relevant, the location at which the incident occurred is critically important. The use of cross streets, exit numbers, mile markers etc., will be helpful in handling your claim. Please also indicate which direction you were traveling, i.e., I-4 Westbound, SR 408 Eastbound.
- It is equally important that you identify the exact time and date of the event in question.
- If desired, you can secure two repair estimates (if applicable) prior to the submittal of your claim, and include them with your submittal.

PLEASE NOTE: SGL Constructors' acceptance of these repair estimates shall have no bearing on the eventual liability determination for your claim. SGL Constructors' liability, or lack thereof, will only be determined after a thorough investigation of your claim is completed by our project team and insurance carrier.

- Please include all supporting documentation for your claim, to include, but not limited to, photographs of the scene, photographic evidence of the alleged damage, police reports (if applicable) and witness statements.

PLEASE NOTE: if this notice of claim pertains to a roadway related matter, it is strongly suggested that you secure a police report as evidence of the event.

- Please sign, notarize and mail the completed form, together with all supporting documentation, to:

SGL Constructors
c/o Joe Cosenzo
1551 Sandspur Road, Suite 200
Maitland, Florida, 32751

- A representative from SGL Constructors or their insurance carrier will contact you within a reasonable amount of time after receipt of your completed submittal.





Public Incident Reporting Form

I-4 Ultimate Project

File # _____

(Do Not Complete)

THE INFORMATION PROVIDED HEREIN MAY BE PROVIDED TO VARIOUS INSURANCE COMPANIES. ANY PERSON WHO FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER IS GUILTY OF A FELONY.

CONTACT INFORMATION

Form with fields: Name of Person Reporting Incident, Phone Number, Address, Email Address, Location of Incident (incl. mile marker, exit number, cross street, direction etc.):

INCIDENT INFORMATION

Form with fields: Date & Time of Incident, Date Reported, Description of Incident (please use additional page as needed), Name of Responding Investigative Agency, if applicable, Police Report Number

PROPERTY DAMAGE INFORMATION

Form with fields: Description of Damaged Property (please use additional page as needed), Vehicle Year, Make & Model, if applicable, Plate Number, Driver's Name, if applicable, Driver's License Number, Driver's Age, Have Repairs been started?, If so, Company Name, Contact Person and Phone Number, Is a Written Estimate or Repair Bill for Damage Available?, If Yes, Estimate Amount

IF ANYONE WAS INJURED, PLEASE COMPLETE THE FOLLOWING, IF NOT SKIP TO WITNESS SECTION

Form with fields: Name, Gender (Male/Female), Phone Number, Address, Email Address

WITNESS INFORMATION (WITNESS SHOULD COMPLETE THE STATEMENT ON NEXT PAGE)

Form with fields: Witness Name & Address, Witness Phone # (two rows)

I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE.

Signed: _____ Home Phone: _____

Print Name: _____ Work Phone: _____

Sworn to and subscribed before me this ___ day of _____ 20___, by _____ (name of affiant). He/She is personally known to me or has produced _____ (type of identification) as identification.

State of _____

Notary's Printed Name

Commission Expires

Please include all supporting documentation for your claim along with this form. Please provide any photographic evidence of the damage, photographs of the scene, police reports, damage estimates, witness statements, etc.

