



**Pinsly Railroad Company**  
245 Riverside Avenue, Suite 250  
Jacksonville, FL 32202

**PINSLY RAILROAD COMPANY CLAIM FOR LOST AND/OR DAMAGED PROPERTY**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

PLACE OF INCIDENT: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_

RAILROAD: \_\_\_\_\_

WAS THIS REPORTED TO THE 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.**