City of Chicago
Motor Vehicle Damage $2,500 And Below Claim Form

Please note: Title 2, Chapter 2-12, Section 2-12-060 of the Chicago Municipal Code requires that all claims be printed legibly and neatly.

Claims will not be processed until all required documentation is provided

** **REQURIED INFORMATION**

PLEASE PRINT LEGIBLY AND NEATLY

**	**Today's Date:**	
1.**	**Claimant Name:**	**First Middle Initial Last Name**
2.**	**Claimant Address:**	
3.**	**Claimant City, State & Zip Code:**	
4.	**Claimant Telephone:**	**Office Home Cellular**
5.	**Claimant's Email Address:**	
6.**	**Driver's License (attach a copy of your Driver's License or State ID) If you do not have a license include a copy of your State ID:**	**Driver's License No. _____** **License Plate Number _____** **State of Issuance _____**
7.**	**Claimant's Insurance Company (include a copy of your insurance card at time of incident):**	
8.**	**Policy Holder's Name, Policy Number and Policy Period:**	**Policy Holder's Name: _____** **Policy Number: _____** **Policy Period: _____** **(Effective Date) (Expiration Date)**
9.**	**Did you file a claim with your insurance company? (Subrogated demand letter is required if Yes):**	**Yes _____ (Claim Number _____) No _____**
10.**	**Letter of Experience from Insurance Company for all claims over $500.00:**	**Yes _____ No _____** **Must be provided for all claims over $500.00**
11.**	**Date and Time of Incident:**	**Date _____/_____/_____ Time _____:_____ A.M./P.M.** **MM DD YYYY**

(OVER)

12.**	**Incident Location: (provide specific address, i.e. 1234 W. Main St.):**	
13.	**Witness Name (if applicable):**	**First** **Middle Initial** **Last Name**
14.	**Witness Address:**	
15.	**Witness City, State & Zip Code:**	
16.	**Witness Telephone:**	**Office** **Home** **Cellular**
17.**	**Description of Incident (give details of how damage occurred) Use additional sheet if necessary:**	
18.	**Police Report Number:**	
19.	**311 Service Request Number:**	
20.**	**Two Written Itemized Estimates attached on company letterhead or Itemized Paid Bill with proof of payment attached:**	**Total $ _____** **Total $_____** **Two Written Estimates Y/N** **Itemized Paid Bill Y/N**
21.	**Additional information submitted (i.e. photos, etc.):**	
22.**	**I am aware of the substantial penalties, attorneys', and legal fees that may be imposed for filing a false or fraudulent claim, pursuant to Municipal Code Ch. 1, Sec. 1-22-020:**	**_____ Signature** **_____ Date**
23.**	**Certification - This signature certifies that the information on this form is true and accurate to the best of my knowledge. I have submitted this information in a manner that represents the true facts of this claim for the purpose of investigating this claim**	**_____ Signature** **_____ Date**

REMEMBER

-- Respond to all questions
-- Attach supporting evidence and information, all copies should be 8x11 with no staples
-- Claim package will not be processed until all required documentation is provided
-- Claims may be reduced by any amount you owe the City of Chicago for bills, fines and/or fees
--To check for money owed to the City of Chicago, or to go on a payment plan, please visit Chicago.gov/Finance

Mail or hand deliver this form to:
Office of the City Clerk/City of Chicago
121 North LaSalle Street, Room 107
Chicago, Illinois 60602
Attention: Claims Department