Claim Form

If a portion does not apply to you, enter "not applicable" or N/A. Information can be computer-filled, or you can print out the form and hand-fill it.

NAME		PHONE (Home, Cell, Work)	ALTERNATE PHONE
MAILING ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS			
INCIDENT DATE (Day & Date)	INCIDENT TIME	LOCATION OF INCIDENT (Including address/nearest address)	
DETAILED DESCRIPTION OF INCIDENT (If needed please write additional information on a separate sheet of paper)			
Police Report Made? ☐ NO ☐ YES **If yes, where, number of report & date**			
WITNESS NAME	WITNESS CONTACT INFORMATION (Mailing & Phone)		
WITNESS NAME	WITNESS CONTACT INFORMATION (Mailing & Phone)		
WITNESS NAME	WITNESS CONTACT INFORMATION (Mailing & Phone)		

FOR CLAIMS CONCERNING VEHICLE DAMAGE OR AN AUTOMOBILE ACCIDENT

VEHICLE MAKE	YEAR	TYPE	LICENSE NO.	STATE OF ISSUE
	OWNER'S ADDRESS			
DRIVER'S NAME	DRIVER'S ADDRESS			

Were you or anyone else injured? ☐ NO ☐ YES If yes, complete Personal Injury section	# People in Car:
NAME OF INJURED PERSON 1	ADDRESS
NAME OF INJURED PERSON 2	ADDRESS
NAME OF OTHER VEHICLE OCCUPANT 1	ADDRESS
NAME OF OTHER VEHICLE OCCUPANT 2	ADDRESS
AUTO INSURANCE COMPANY NAME	MEDICAL INSURANCE COMPANY NAME

ESTIMATED REPAIR COST	DEDUCTIBLE AMOUNT	DESCRIBE DAMAGE TO VEHICLE

***Attach copy of insurance declarations page**

FOR CLAIMS CONCERNING PERSONAL INJURY

NEAREST ADDRESS OF INCIDENT OCCURANCE

NATURE AND EXTENT OF YOUR INJURY
(If needed please write additional information on a separate sheet of paper)

ATTENDING PHYSICIAN NAME	ATTENDING PHYSICIAN ADDRESS

TOTAL MEDICAL EXPENSES TO DATE

TOTAL MEDICAL EXPENSES TO DATE	AMOUNT PAID BY INSURANCE	AMOUNT PAID BY YOU	AMOUNT OF WAGES LOST
$	$	$	$

HEALTH INSURANCE COMPANY NAME	DEDUCTIBLE AMOUNT	NAME OF HOSPITAL TRANSPORTED TO

LIST AND EXPLAIN ANY PHYSICAL DISABILITY
(If needed please write additional information on a separate sheet of paper)

PROVIDE DATE AND NATURE OF ANY PRIOR INJURIES
(If needed please write additional information on a separate sheet of paper)

FOR CLAIMS CONCERNING PROPERTY DAMAGE OTHER THAN AUTOMOBILE

CAUSE OF DAMAGE	NAME OF CITY EMPLOYEE CONTACTED	DATE
NAME OF PROPERTY INSURANCE COMPANY		DEDUCTIBLE AMOUNT

***Attach copy of insurance declarations page**

I hereby attest that the above information is true to the best of my knowledge and belief:

Signature_____ Date_____

ATTACHMENTS CHECKLIST (Reminder - This information is required in claim instructions)

If claiming vehicle damage:

Declaration Page of car insurance policy showing deductible; copy of title, registration or lease contract; two written estimates; police report, if applicable, and photographs of vehicle damage (helpful but not mandatory); and witness statements, which are optional. If you are claiming tire damage, the age of the tire and tire tread measurements are mandatory. Tire tread measurements can be obtained from most service stations.

If claiming personal injury:

Letter from employer outlining total amount of wage loss; copies of all medical reports including doctor bills, hospital bills and pharmacy receipts; and witness statements (optional)

If claiming other property Damage:

A copy of homeowner's, renter's or property insurance policy; including proof of the deductible amount; a separate itemized list(s) of property damages with description of each item on the list, including brand name, serial number, quantity lost, purchase date or age of the item and purchase price; bills, receipts, and estimates concerning the described property; photographs of damaged property and what allegedly caused it; and witness statements (optional). If claim is for business property damage, submit proof of business ownership and/or lease rights and responsibilities. If claim is for real property damage, submit proof of ownership or control of said property.

ITEMIZED PROPERTY DAMAGE CLAIM FORM

All bills, receipts, and itemized estimates must be attached. A separate sheet of paper may be included.

PROPERTY DESCRIPTION (Including brand name and serial #)	QUANTITY	PURCHASE DATE OR AGE	PURCHASE PRICE	REPLACEMENT, RESTORATION OR REPAIR COST