Notice of Claim Instructions

If you wish to make a claim against a public entity, please read the following information:

Public Entities are protected from Tort actions by State Statute Title59, and more specifically, Chapter 9, Paragraph 2e. Simply stated, Title 59:9-2e means that, if you have insurance to cover "physical damage" to your property, the money you are entitled to receive under such policy of insurance shall be deducted from your claim.

To expedite settlement of your claim, we ask that you settle your physical damage with your physical damage insurance carrier. You may submit a claim for your deductible by forwarding a copy of your estimate and a copy of the declaration sheet showing the amount of your physical damage deductible and complete the enclosed Tort claim form.

If you do not have "physical damage" coverage and wish to submit a claim, please forward an estimate for the damage, a copy of the declaration sheet from your insurance policy, and complete the enclosed Tort claim form.

Since all claims which are filed against public entities must be filed within 90 days of their occurrence, we suggest that your documentation be sent via certified mail. Although this is not required, it will insure that you have proof of receipt by this office.

Should our investigation reveal that the entity is liable for your damage, you will be compensated. Please allow a minimum of 90 days for a reply to your claim submittals.

(Name of Municipality)

NOTICE OF CLAIM

To be completed by Claimant:

1. Claimant:

Last First Middle

Area Code/Telephone Number

Street Address

Additional Address

Date of Birth

Social Security Number

City State/Zip Code

2. If notices and correspondence in connection with this claim are to be sent to a person other than claimant, please complete this section.

Name

Street Address

Additional Address

City State/Zip Code

Area Code/Telephone Number

Relationship to Claimant

3. Accident:

A. The occurrence or accident which gave rise to this claim:

Date

Time

B. Describe the location or place of the accident or occurrence:

Local Unit Exact Location of the Occurrence

C. Describe how the accident or occurrence happened. If a diagram will assist your explanation, please use the reverse side of this form.

D. State the name and address of the Local Unit that you claim caused your damage.

E. State the names of the Local Unit's employees whom you claim were at fault, including any information that will assist in identifying them.

F. State in detail each and every negligent or wrongful act of the Local Unit and the Local Unit's employees which caused your damage.

G. State the name and address of all witnesses to the accident or occurrence.

H. If vehicle accident, state the names, address, age, and relationship to insured of all passengers in your vehicle.

_____

_____

_____

I. State the names of all police officers and police departments who investigated the accident.

_____

_____

_____

4. Claim for damages:

A. Claim for damages: (Check appropriate box)

☐ Bodily Injury ☐ Property Damage ☐ Other

If other, explain _____

_____

B. i. If you claim bodily injury – describe your injuries resulting from this accident or occurrence.

_____

_____

_____

ii. Do you claim permanent disability resulting from this injury?

_____

_____

_____

iii. For each hospital, doctor or other practitioner rendering treatment, examination or diagnostic service, please list:

Name of Hospital, Doctor, or other Facility

Address | City | State/Zip Code

Date of Treatment | Amount of Charges

Amount Paid if Payable by other sources, i.e., insurance.

iv. If you claim loss of wages or income as a result of the injury, state:

Name of Employer | Your Occupation

Address | City | State/Zip Code

Date Employed at this Job | Rate of Pay

Dates of Absences from Work | Total Lost Wages to Date

If still out of work, expected date of return.

NOTE: If your claimed loss of income arises from self-employment or other wages, attach a calculation showing the basis of your calculation of lost income.

v. Set forth any and all other losses or damages claimed by you.

C. If you claim property damage:

i. Describe the property damaged. If vehicle, include make, model, year, color, vehicle identification number, license plate number, state, and parts of vehicle damaged.

_____

_____

_____

ii. The present location and time when the property can be inspected.

_____

_____

_____

iii. Date property acquired _____

iv. Cost of the property _____

v. Value of property at time of accident _____

vi. Description of damage:

_____

_____

_____

vii. Has the damage been repaired?

☐ Yes ☐ No

If yes, by whom, and cost of repairs.

_____

_____

viii. Attach each estimate of repair costs to this form.

ix. Set forth in detail the loss claimed by you for property damage.

_____

_____

_____

D. Set forth in detail all other items of loss or damages claimed by you and the method by which you made the calculation.

_____

_____

_____

_____

5. The amount of the claim _____

6. Have you made a claim against anyone else for any of the losses or expenses claimed in this notice?

☐ Yes ☐ No

If yes, set forth the names and address of all persons and the insurance companies against whom you have made such claims.

_____

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_____

7. Are any of the losses or expenses claimed herein covered by any policy of insurance?

☐ Yes ☐ No

For each such policy, state the name and address of the insurance company, policy number, and benefits paid or payable.

_____

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8. Have you received or agreed to receive any money from anyone for damages claimed herein?

☐ Yes ☐ No

If yes, set forth the details of such agreement.

_____

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_____

The following items must be submitted with this notice:

1. Copies of itemized bills for each medical expense and other losses and expenses claimed.
2. Full copies of all appraisals and estimates of property damage claimed by you.
3. Copies of all written reports of all expert witnesses and treating physicians.
4. A letter from your employer verifying your lost wages. If self-employed, a statement showing the calculation of your claimed lost income.

I hereby certify that the foregoing statements made by me are true, that the attached statements, bills, reports, and documents are the only ones known to me to be in existence at this time. I am aware that if any statement made herein is willfully false or fraudulent, I am subject to punishment as provided by law.

_____ _____

Date Claimant or person filing on behalf of claimant.

_____

Print name as signed above.