



**This form must be completed in full**

## INCIDENT PARTICULARS:

Date of Incident (Day / Month / Year) \_\_\_\_\_ Time of Incident (a.m. / p.m.) \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Description of Incident (Use additional pages if required)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the incident reported to the City when it occurred?  Yes  No To whom? \_\_\_\_\_

If no, why not? \_\_\_\_\_  
\_\_\_\_\_

## CLAIMANT INFORMATION:

Full Legal Name: \_\_\_\_\_

Provide complete physical and mailing address including postal code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email Address \_\_\_\_\_

Is the claimant a minor?  Yes \_\_\_\_\_ Age  No Indicate if the minor was supervised and if no, explain why not: \_\_\_\_\_

## INSURANCE: If you have insurance coverage, you are required to submit your claim for damages to your insurance company first. Your insurance company may than seek reimbursement from the City.

Has your insurance provider been contacted?  Yes  No If no, explain why not: \_\_\_\_\_

## PROPERTY DAMAGE:

Provide details of the damage and the cause:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the damages were caused by sewer back-up, does the property have a backflow preventer?  Yes  No

State why you feel the Municipality should be responsible for damages:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Inventory of Damaged Property (attach invoices and estimates):

Amount Claimed: \_\_\_\_\_ Description of property damages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Notice of Claim Form

## BODILY INJURY:

Description of Injury:

.....

.....

Name of Physician:

Permission to contact physician:

Yes

No

Describe emergency treatment:

.....

.....

Describe the conditions of the scene:

.....

.....

State why you feel the City should be responsible for damages:

.....

.....

.....

## WITNESSES:

1. Name and Address:

Email address:

Contact Telephone:

Name and Address:

Email address:

Contact Telephone:

2.

## ADDITIONAL INFORMATION:

Please use the space below to provide additional comments. Indicate here and describe if additional paperwork is attached.

.....

.....

## DECLARATION:

*The information contained on this form is for information purposes and its receipt by the City of Cranbrook in no way infers acceptance of any responsibility for the stated damages or injury by this Municipality. I further declare that:*

*I am the owner of the damaged property described on this form and that the foregoing is a correct and accurate statement as to the damages incurred and that I have informed my insurance provider of damages which may be recoverable*

*I am the injured party identified on this form and that the foregoing is a correct and accurate statement as to the injuries sustained*

*I am the parent and / or the legal guardian of the minor identified on this form*

Signature

Date

Witness Name (Please Print)

Witness Signature

This information is collected by the City of Cranbrook in accordance with Part 7 Division 2 of the *Local Government Act* and the *Insurance Act R.S.B.C. 1996* and is protected under the *Freedom of Information and Protection of Privacy Act*. The information will be used to facilitate processing the claim and may be shared with the City's insurance company. Should you have any questions about the collection of this personal information, please contact the City of Cranbrook, City Clerk / FOI Coordinator at 250.426.4211.