

CITIZEN CLAIM FORM

BY SUBMITTING THIS FORM, THE CITY OF MONROE IS NEITHER ACCEPTING NOR DENYING LIABILITY OR RESPONSIBILITY FOR THE OCCURRENCE DESCRIBED. IN ADDITION, FURTHER INFORMATION MAY BE REQUIRED FROM THE CLAIMANT IN ORDER FOR THE CITY'S INSURANCE CARRIER TO MAKE A FINAL CLAIM DECISION.

CITIZEN INFORMATION

Name of person making claim: _____

Address: _____
 Street _____ City _____ State _____ Zip Code _____

Home Phone: _____ Work Phone: _____ E-mail: _____

INCIDENT INFORMATION

Type of claim being made (please check all appropriate boxes):

Automobile Damage Property Damage Injury Other

Date of Incident/Loss: _____ Time of Incident/Loss: _____

Location of Incident/Loss: _____

Describe how the incident/loss occurred:

Was the City previously notified? Yes No If yes, to whom?

Date of Notification:

WITNESS INFORMATION (if any)

Name	Address	Phone

DOLLAR AMOUNT OF DAMAGES CLAIMED: \$ _____

AUTOMOBILE INFORMATION (Complete only if "automobile damage" was checked)

Registered Owner: _____ Phone No. _____

Owner's Address: _____
 Street _____ City _____ State _____ ZIP _____

Year: _____ Make: _____ Model: _____ License No. _____

Description of Damage: _____

Do you have Insurance? Yes No

Name of Insurance Company: _____

Phone No. _____ **Policy Number:** _____

Has a claim been filed? Yes No

Claim Number: _____ **Adjuster's Name:** _____

PROPERTY INFORMATION (Complete only if "Property Damage" was checked, excludes Automobile Damage)

Description of Damage: _____

Is the property insured? Yes No

Name of Insurance Company: _____

Phone No. _____ **Policy Number:** _____

Has a claim been filed? Yes No

Claim Number: _____ **Adjuster's Name:** _____

INJURY INFORMATION

Name of Injured Person: _____

Nature of injuries: _____

Was the injured person treated at the time of incident? Yes No

SIGNATURES

This form must be signed and dated to process claim

Signature

Date

PLEASE SUBMIT DOCUMENTS TO HUMAN RESOURCES BY MAIL, FAX OR IN PERSON

City of Monroe
Attn: Human Resources/Safety & Risk Division
P.O. Box 69
Monroe, NC 28111
Fax: 704-282-5784
safetyrisk@monroenc.org