

NOTICE OF CLAIM FORM

For completion by a party claiming the City of Chilliwack
is responsible for damages to their person or property

CONTACT INFORMATION:

1. NAME: _____ TELEPHONE: _____

ADDRESS: _____

E-MAIL ADDRESS: _____ ☐ Yes, I would like correspondence sent via E-Mail

INCIDENT INFORMATION:

2. DESCRIPTION OF DAMAGED PROPERTY/INJURY(SEE REVERSE FOR ADDITIONAL WRITING SPACE AND LIST OF EXPENSES IF INCURRED)

3. INCIDENT DATE: _____ TIME: _____ LOCATION OF INCIDENT: _____

(Please be specific referencing address if applicable, direction of travel, lane and closest intersection or reference point and enclose a diagram or map if needed)

4. INDICATE CAUSE OF DAMAGE/INJURY: _____

5. AMOUNT OF CLAIM (ATTACH SUPPORTING DOCUMENTATION): _____

6. WHO WAS THE DAMAGE/INJURY FIRST REPORTED TO? _____

7. WHEN WAS THE DAMAGE/INJURY FIRST REPORTED? _____

8. NAMES, ADDRESSES AND TELEPHONE NUMBERS OF TWO WITNESSES AND/OR MUNICIPAL STAFF INVOLVED:

NAME: _____ ADDRESS: _____ TEL#: _____

NAME: _____ ADDRESS: _____ TEL#: _____

9. STATE WHY YOU FEEL THE MUNICIPALITY IS LIABLE FOR YOUR INJURY OR DAMAGE:

I solemnly swear that I am the owner/occupier of the property damaged, that the foregoing is a correct and accurate statement as to the damages incurred and that I have no insurance of any type under which such damages may be recoverable.

OWNER SIGNATURE: _____ DATE: _____

PRINT NAME: _____

NOTE: This statement is for information purposes only and its receipt in no way infers responsibility by this Municipality for the stated damages.

SUBMIT FORM TO: **Insurance and Claims, Finance Department**

City of Chilliwack
8550 Young Road
Chilliwack BC V2P 8A4
Tel: 604.792.9311 Fax: 604.793.1801

*It is a requirement under Section 736 of the
Local Government Act to provide notice
to the Municipality in writing of the time,
place and manner in which the damage was
sustained, within two months of the date of
loss or damage incurred.*

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