

City of Corner Brook Claim Form

City Clerk's Office

5 Park Street, P. O. Box 1080, Corner Brook, NL Canada, A2H 6E1

Tel: 709-637-1500 Fax: 709-637-1625

claims@cornerbrook.com

office Use Only			
tructions: If more inforn	nation is required than a field	allows for, please attach additional pag	es.
	7		
Contact			
ime:		Phone:	Email:
ncident Details			
cation where incident	occurred:		
dress or nearest interse	ction, direction of travel, lane	e of travel [i.e. curb lane, left turn lane, n	niddle lane]. Enclose map or diagram if needed.)
	,		,
act DATE and TIME incide	ent occurred:		
scription of incident:			
(Attach additional pages	if required, photos or other e	evidence.)	
	on if vehicle involved in Incide		Madel
	on if vehicle involved in Incide	ent <u>Make</u>	Model
cense Plate #	Year	Make	Model
cense Plate #		Make	Model

Type of City Vehicle Involved, if applicable

Lic	ense Plate #	Unit #	Description			
The	e reason that I believe I have	a claim against the City of Corne	er Brook is as follows: (Attach additional pages if require	ed.)		
As a result of the above mentioned circumstances, I suffered the following damage: (Indicate your estimated or actual cost to repair the damage. In the case of property damage, please provide 2 repair estimates. Attach additional pages if required, photos, invoices or other evidence.)						
Ha	ve you claimed, or will you be	e claiming, any compensation fro	om an insurance provider? 🏻 Yes 🗖 No			
	If Yes, please provide the nan	ne and contact information of yo	our insurance provider(s) and file number(s):			
_						
	mportant ully understand that:					
1.	An official notice setting for City Clerk in writing, or em	· ·	r, in which the damage has been sustained, must be m. Your claim will be registered and investigated a utcome of the investigation.			
2.	· · · · · · · · · · · · · · · · · · ·	here is for the purpose of invective City in	vestigating and managing claims against the City defending against a claim.	and as such any		
3.	Claimant nor has the City p	provided any advice to the Claim	ite acceptance of liability for any damage or loss nant regarding the adequacy of this Notice. The un his Notice of Claim from arguing the adequacy hereo	dersigned hereby		
Aı	pplicant's Signature:		Date:			