

# City of St Catharines Claims Form

## Claimant's Information

Please note: Personal information on this form is collected pursuant to the *Municipal Act, 2001* and will be used for the purpose of administering your claim. Questions regarding this collection of personal information can be directed to the City Clerk.

**First Name: \***

**Last Name: \***

**Organization / Business Name (if applicable)**

**Address \***

**City \***

**Province \***

**Postal Code \***

**Home Telephone Number \***

**Work Telephone Number \***

**Email Address:**

# Details of the Claim

Date of Incident: \*

Time of Incident: \*

Location of Incident: \*

Claim Amount: \*

Details and Descriptions of Incident: \*

# Vehicle Involvement

Please complete this page only if a vehicle was involved in the incident.

**Vehicle Year, Make and Model: \***

**Mileage: \***

**Owner: \***

**Driver's Name: \***

**Passengers in the Vehicle: \***

**Direction of the vehicle at the time of the incident: \***

**Road conditions at the time of the incident \***

**Weather conditions at the time of the incident: \***

**Details and Description of the Incident: \***

# Insurance

Please complete this page only if you've already contacted your home and/or auto insurance provider.

**Your Insurance Provider: \***

**Claim Number: \***

**Claim Adjuster's Name: \***

**Address: \***

# Construction

Please complete this page only if construction activity was involved with your incident.

**Location of construction (road and cross-streets) \***

**Type of Construction \***

**Name of Construction Company (please leave blank if unknown)**

# Support Documentation

Please attach any documents to support your claim (photographs, invoices, estimates, etc...).

## Verification

By signing below, I certify all information is true and correct to the best of my knowledge.

**Signature \***

**Date \***