

# TOWN OF ST. MARYS

## Notice of Claim



This Notice of Claim is for information only and does not infer acceptance of liability by the Town of St. Marys.

### NOTICE OF COLLECTION OF PERSONAL INFORMATION

The personal information collected on this form is collected under the authority of sections 279(1) and 10(1) of the Municipal Act, 2001, as amended, and will be used to contact claimants to process a claim filed against the municipality. Questions about this collection should be directed to Risk Management at 519-284-2340, ext. 221.

If more information is required than a field allows for, please attach additional pages.

CLAIMANT'S PERSONAL INFORMATION		
First name:	Last name:	
Mailing address:		
Town:	Province:	Postal code:
Home phone:	Cell or alternate phone:	
Email address:		
INCIDENT DETAILS		
Incident date:	Time of incident:	a.m/p.m.
Incident location or facility: (Address of nearest intersection, direction of travel, lane of traffic); (Facility name and location)		
Persons or vehicle/equipment involved: (This will be your vehicle or equipment)		
As a result of the incident, I suffered the following damage or injury: (Attach additional pages if required - photos, invoices, other evidence)		
Estimated amount of claim: (To substantiate your claim, provide original purchase receipts, repair estimates, or other evidence)		
\$		
Did the incident occur as a result of work being performed by a contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide the name of contractor or the contact person, if known:		
Did any emergency personnel attend, such as paramedics, police or fire? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide name(s), badge #, occurrence #, contact information and file number(s):		

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PO Box 998, 408 James St. S, St. Marys ON N4X 1B6 | Phone: 519-284-2340, ext. 221 | Fax: 519-284-0902

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<b>Description of incident: (And why you believe that the Town of St. Marys is responsible)</b>

<b>DIAGRAM</b>

<b>Did you report the incident to the Town? If yes, please provide name(s) of Town staff and/or department involved:</b>

<b>Have you claimed, or will you be claiming, any compensation from an insurance provider? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>
<b>If yes, please provide the name and contact information of your insurance provider(s) and file number(s):</b>

<b>WITNESS INFORMATION</b>		
<b>First name:</b>	<b>Last name:</b>	
<b>Mailing address:</b>		
<b>Town:</b>	<b>Province:</b>	<b>Postal code:</b>
<b>Home phone:</b>	<b>Cell or alternate phone:</b>	

**THE INFORMATION PROVIDED HEREIN IS FACTUAL AND A TRUE ACCOUNT OF MY CLAIM.**

<b>Signature:</b>	<b>Date:</b>
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