

STATEMENT OF DAMAGES/INJURY FORM



PO BAG 4000
GRANDE PRAIRIE, AB
T8V 6V3

EMAIL: insurance@cityofgp.com

FILE NO. _____

CLAIMANT INFORMATION

NAME:

ADDRESS:

TELEPHONE:

CELL:

EMAIL:

DRIVER/VEHICLE INFORMATION

DATE OF INCIDENT:

INSURANCE COMPANY:

TIME OF INCIDENT:

POLICY NO.

WEATHER
CONDITIONS:

VEHICLE MAKE:

MODEL:

SEAT BELTS WORN:

YES

NO

INJURIES:

YES

NO

VEHICLE YEAR:

LOCATION: (Please be specific referencing direction of travel, land, and closest intersection or reference point)

DESCRIPTION OF DAMAGES:

ESTIMATED COST OF DAMAGES: (Please include at least 2 estimates or receipts if repairs had been completed)

FOR CLAIMS INVOLVING CITY BUSES OR VEHICLES:

(BUS/UNIT NO.)

POLICE REPORT NO.

PROPERTY INFORMATION

ADDRESS/LOCATION OF INCIDENT:

DATE OF INCIDENT:

TIME OF
INCIDENT:

WEATHER
CONDITION:

INSURANCE
COMPANY:

POLICY NO.

CAUSE OF DAMAGE TO PROPERTY:

LIST OF ITEMS DAMAGED:

ESTIMATE COST OF REPAIRS: (Please include at least 2 estimates/receipts if repairs have been completed)

FOR CLAIMS INVOLVING CITY BUSES OR VEHICLES:

(BUS/UNIT NO.)

POLICE REPORT NO.

PERSONAL INJURY INFORMATION

ADDRESS/LOCATION OF INCIDENT:

DATE OF INCIDENT:

TIME OF INCIDENT:

WEATHER CONDITION:

CAUSE OF INJURY:

DESCRIPTON OF INJURIES:

FOR CLAIMS INVOLVING CITY BUSES OR VEHICLES:

(BUS/UNIT NO.)

POLICE REPORT NO.

PASSENGERS/WITNESSES AND MUNICIPAL STAFF INVOLVED (NAME/ADDRESS/TELEPHONE/EMAIL)

NAME/RELATIONSHIP:

ADDRESS:

TELEPHONE/EMAIL

SIGNATURE:

DATE:

PLEASE NOTE: By typing your name into the signature box above (or by signing a printed version of this form), you agree that all information submitted on this form is true and accurate.

PLEASE NOTE: A fully completed form is to be sent to the city address above my mail, email or fax upon which you should receive an acknowledgement that your claim was received. Be aware that there are notice periods for providing the City of Grande Prairie with notice of certain types of claims and limitation periods in respect of all claims. If you do not commence legal action to advance your claim within two years of the date of the incident causing your loss or damage, the City of Grande Prairie and its employees will be entitled to immunity from liability in respect of your claim pursuant to the provisions of the Limitations Act of Alberta. This statement is for information purposes only and its receipt in no way infers acceptance of any responsibility by this municipality for the stated damages or injuries.

PLEASE NOTE: The personal information on this form is being collected in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP Act) RSA 2000 CF-25. If you have any questions about the collection, use and protection of this information, please contact the City of Grande Prairie FOIP Coordinator at 780-538-0300.

FIRST RECEIVED BY:

DATE:

INVESTIGATION & FOLLOW UP: