



London
CANADA

Public - Injury/Property Damage Report

Risk Management

File number

Any information which you provide on this on-line form will be kept confidential.

Personal information on this form is collected under the authority of the Municipal Act 2001, S.O. 2001, C.25 and will be used to process your claim with the City of London. Questions about the collection of this personal information should be directed to the Manager, Risk Management, 300 Dufferin Avenue, London, ON N6A 4L9 519-661-2500 ext. 5415.

City of London
Risk Management
P.O. Box 5035
London, ON N6A 4L9
Tel: 519-661-2500 ext 4644
Fax: 519-661-4631
E-mail: riskmanagement@london.ca

E-mail the completed form to: riskmanagement@london.ca or print and fax it to 519-661-4631. NOTE: THERE IS A 10 DAY NOTICE FOR PROVIDING THE CITY WITH NOTICE OF CERTAIN TYPES OF CLAIMS AND A TWO YEAR LIMITATION period for bringing an action in respect to all claims.

Personal information of claimant

First name			Middle initial	Last name		
Address						
City	Province	Postal code	Home phone	Work phone	E-mail	

		Date of incident (YYYY MM DD)	Time of incident
			<input type="checkbox"/> AM <input type="checkbox"/> PM

Incident information

Location of incident: Street name		Closest cross street	
Direction of travel		Weather conditions	
Condition of (Check one) <input type="checkbox"/> Roadway <input type="checkbox"/> Sidewalk <input type="checkbox"/> Other Explain:			
Transported by ambulance <input type="checkbox"/> No <input type="checkbox"/> Yes		Investigated by police <input type="checkbox"/> No <input type="checkbox"/> Yes Occurrence no.: _____	

Details of incident

	Name of Witness	Address	Telephone number
1.			
2.			
3.			

Property damage

Describe your property damage					
If motor vehicle involved					
Vehicle year	Make	Model	Plate number	Estimate	Estimate

Injury

Describe your injury			
Medical treatment: <input type="checkbox"/> No <input type="checkbox"/> Yes Name of doctor: _____			
Name and address of parent/guardian (if injured person is under age 18)			
Name of parent/guardian			Telephone number
Address	City	Province	Postal code

PLEASE PROVIDE/ATTACH PHOTOS, INVOICES, AND ANY OTHER RELEVANT DOCUMENTATION IN SUPPORT OF YOUR CLAIM.

This request for information does not constitute an acceptance of your claim but permits the Corporation of the City of London or its Insurance Representatives to properly record and investigate your claim.

Our employees are instructed to provide this form to you and **are not** authorized to accept responsibility for claims made. It may be in your best interests to report this matter to your own insurance company.

Please note that claims which are not delivered to the City Clerk within ten (10) days from the time injury or damages were sustained may be statute barred. Also note that legal action which is not brought or commenced within two years from the time injury or damages were sustained may be statute barred.

THE INFORMATION PROVIDED HEREIN IS TRUE, I UNDERSTAND THAT FRAUDULENT CLAIMS COST ALL TAXPAYERS, AND FOR THIS REASON, ALL FRAUDULENT CLAIMS WILL BE PROSECUTED TO THE FULL EXTENT OF THE LAW.

You will be contacted in writing in the near future. Thank you for your co-operation.

	Signature	Date
--	-----------	------