



# 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: 709-637-1543

[claims@cornerbrook.com](mailto:claims@cornerbrook.com)

**Office Use Only**

Claim No: \_\_\_\_\_

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

**Contact**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**Incident Details**

Location where incident occurred:

(Address or nearest intersection, direction of travel, lane of travel [i.e. curb lane, left turn lane, middle lane]. Enclose map or diagram if needed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Exact DATE and TIME incident occurred: \_\_\_\_\_

Description of incident:

(Attach additional pages if required, photos or other evidence.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Claimant vehicle information if vehicle involved in Incident**

License Plate #	Year	Make	Model
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Names and contact information of any witnesses and / or City employees involved

\_\_\_\_\_  
\_\_\_\_\_

Type of City Vehicle Involved, if applicable

License Plate #	Unit #	Description
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The reason that I believe I have a claim against the City of Corner Brook is as follows: (Attach additional pages if required.)

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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.)

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Have you claimed, or will you be claiming, any compensation from an insurance provider?  Yes  No

If Yes, please provide the name and contact information of your insurance provider(s) and file number(s):

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**Important**

I fully understand that:

1. An official notice setting forth the time, place and manner, in which the damage has been sustained, must be delivered to the City Clerk in writing, or emailed to [claims@cornerbrook.com](mailto:claims@cornerbrook.com). Your claim will be registered and investigated and a letter will be sent to you to the address provided, informing you of the outcome of the investigation.
2. The information provided here is for the purpose of investigating and managing claims against the City and as such any information provided to the City may be used by the City in defending against a claim.
3. The City's receipt of a Notice of Claim does not constitute acceptance of liability for any damage or loss sustained by the Claimant nor has the City provided any advice to the Claimant regarding the adequacy of this Notice. The undersigned hereby acknowledges that the City is not prevented by receipt of this Notice of Claim from arguing the adequacy hereof.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_