



PLEASE PRINT

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LEGAL DEPARTMENT - CLAIMS DIVISION

CLAIM NOTIFICATION FORM General Claim Information

CONTACT INFORMATION (to be completed by the Claimant)

SECTION 1

Claimant _____

Address _____ City/Town _____ Postal Code _____

Telephone(home) _____ (work) _____ (cell) _____

E-mail Address _____

TYPE OF CLAIM

SECTION 2

Auto Sewer Property Flooding Bodily Injury Other

Cause _____

PARTICULARS OF INCIDENT

SECTION 3

Date (yyyy/mm/dd) _____ Time _____

Location _____

Witness _____

Telephone(home) _____ (work) _____ (cell) _____

E-mail Address _____

DESCRIPTION OF INCIDENT

SECTION 4

Note: Please use additional paper if necessary. Please attach any additional documentation you feel is necessary to fully document your claim, such as photos of the damage, photos of the area where the incident occurred, invoices, receipts, etc.

DESCRIPTION OF DAMAGE / INJURIES

SECTION 5

SIGNATURE OF CLAIMAINT

SECTION 6

Signature _____ Date (yyyy-mm-dd) _____

Please send completed form to:

Legal Department – Claims Division
P.O. Box 908, 10 New Gower Street
St. John's, NL A1C 5M2

For further information:

call: 3-1-1
Where 3-1-1 is unavailable, call 709-754-CITY (2489)

