

KEEP THIS PAGE FOR YOUR RECORDS

City of Revere, Massachusetts
NOTICE OF CLAIM

By filing this claim, you are notifying the City of Revere of an incident from which you claim to have incurred property damage or personal injury as a result of the negligence on the part of the City.

Please return to: City of Revere,
City Clerk's Office
281 Broadway, Revere, MA 02151

The City of Revere is not an insurer and does not guarantee payment for personal injury or property damage. The matter may be referred to the City's insurance carrier if applicable.

Your claim may be covered under your own insurance. Consult your insurance agent to determine whether your claim is covered under your policy.

Your claim will be investigated through the Office of the City Solicitor. The City of Revere does not compensate citizens unless there exists evidence of negligence and legal responsibility by the City of Revere for the loss. If there is a determination that the City of Revere is responsible for the damage alleged from this incident, the claim will be evaluated for possible settlement.

You should receive a written notice of a decision on your claim within 120 days.

Instructions:

You must answer all questions that apply to your claim and submit the requested documentation including proof of payment. Please be as specific as possible and be sure to attach copies of the following:

- ❖ Copies of receipts **OR** cancelled checks **OR** credit card statements for all expenses actually incurred as a result of the incident. You may also submit appraisals or estimates **in addition to** the evidence of payment.
- ❖ Copies of receipts **OR** cancelled checks **OR** credit card statements that show the original purchase price of items you claim were damaged or destroyed as a result of the incident.
- ❖ Photographs that fairly and accurately show the scene of the incident at or about the time the incident occurred.
- ❖ Photographs that fairly and accurately show the damage to your property.
- ❖ Medical bills, or insurer's "Explanation of Benefits," and Doctor's report.
- ❖ Motor Vehicle incident reports that have been prepared by (or for) you, by (or for) the person driving any other vehicle involved in the accident, and the police report, if applicable.

THIS IS NOT AN INSURANCE CLAIM

January 2011

Section 1.

CLAIMANT INFORMATION

Name: _____ Telephone No. _____

Address: _____ Date of Birth: _____

_____ Email: _____

Section 2.

INCIDENT REPORT

Date of the Incident (include the year): _____ Time: _____ a.m. or p.m.

What injury or damage are you claiming?

- a. Personal injury to: Yourself Another person Not claiming personal injury
Person(s) injured (other than claimant): _____
- b. Property damage: Motor Vehicle House/structure Land Other _____
Owner of damaged property (other than claimant): _____
- c. Motor Vehicle Tow
- d. Other _____

Where did the incident occur? Please be as specific as possible. _____

Please list the name and address of any person who witnessed the incident or has knowledge about the incident.

_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe the incident **in complete detail**. You may use a separate sheet to draw a sketch of the area. If you have photographs, attach copies to this claim.

If you are claiming your injury or property damage was due to a defect in a public way (for example, a pothole), **please describe the defect and its exact location in detail.** Include measurements and pictures if possible.

What action are you claiming the City of Revere did or did not take that resulted in this claim?

Section 3.

DAMAGES

If you are claiming **Personal Injury**, answer the following questions:

- a. What part of your body was injured? _____
- b. Describe your injury. _____

- c. How did this injury occur? _____

- d. Did you seek medical attention? If yes, what treatment did you receive? _____

If you are claiming **Damage to a Motor Vehicle**, answer the following questions:

- a. Make: _____ Model: _____ Year: _____
- b. License Plate No. _____
- c. Current odometer reading: _____
- d. Who was driving the vehicle when the incident occurred? _____
- e. Name: _____
Address: _____
Telephone: _____ -Home _____ -Cell _____

f. What was the speed of your vehicle at the point where the incident occurred?

g. What damage do you claim was done to this vehicle?

h. When is the last time you replaced or repaired the part in question (e.g. **last time you bought tires**)?

i. Has this vehicle been involved in any other accidents? If yes, please give the date and a description of the prior accident.

If you are claiming **Damages to your Land, Home, or Other Structure**, answer the following questions:

a. When did you first notice the situation on which this claim is based? Describe your observations and what you did.

b. When and how did you first notify the City of Revere of the matter?

c. Had such an event as this ever occurred on the property before? If so, when?

d. Are you aware of any other problems of this nature that have occurred in your surrounding neighborhood within one year before the incident at your property? If so, when and where?

Section 4.

INSURANCE INFORMATION

What is the name of your insurance company?

What is your policy number?

Have you filed a claim with your insurance company for this incident?

a. When did you notify your insurance company? **YES** **NO, If yes, when**

b. What was the insurance company's response?

Section 5.

CLAIMANT'S SIGNATURE

I hereby state, under the pains and penalties of perjury, that the above statements are true to the best of my knowledge. I further attest that any and all receipts, documents, or other materials submitted with this claim are true and accurate copies of records for expenses actually incurred as a result of the incident described herein, or for the purchase of property damaged as a result of the incident.

THIS FORM MUST BE SIGNED AND DATED.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

Date: _____

Sign Name

Print Name

CITY OF REVERE