



TYPE OF CLAIM (Check All that Apply)

Property ☐ Vehicle ☐ Bodily Injury ☐

PERSONAL INFORMATION

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE NUMBER: _____ EMAIL: _____

INCIDENT INFORMATION

DATE of INCIDENT: _____ TIME: _____

LOCATION (street name and address) _____

CLOSEST CROSS STREET: _____

WEATHER CONDITIONS (clear, sunny, cloudy, snowing, raining): _____

FOR AUTO ONLY: DIRECTION of TRAVEL: _____

Roadway ☐

Sidewalk ☐

CONDITIONS: _____

TRANSPORTED BY AMBULANCE: Yes ☐ No ☐ INVESTIGATED BY POLICE: Yes ☐ No ☐

INCIDENT NUMBER: _____

DETAILS of INCIDENT:

WITNESS 1: Name: _____ Address: _____

Email: _____ Relationship: _____

WITNESS 2: Name: _____ Address: _____

Email: _____ Relationship: _____

WITNESS 3: Name: _____ Address: _____

Email: _____ Relationship: _____

This request for information does not constitute an acceptance of your claim but permits the Corporation of the City of St. Thomas 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 under any circumstances. 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.

Send the completed form to: claims@stthomas.ca

I have attachments: Yes ☐ No: ☐

If you selected yes, be sure to attach any relevant information such as photos of the incident site at the time of the incident, invoices or other information that will support your claim. include those in your email at the same time you submit the form.

SIGNATURE: _____ DATE: _____