



DAMAGE CLAIM FORM

TOWN OF BONAVISTA

95 Church Street

Bonavista, NL AOC 1B0

t: 1-877-571-9185 f: 1-709-468-2495

info@townofbonavista.comwww.townofbonavista.com**OFFICE USE ONLY****Date Received:** Approved Not Approved (See the last page/attachments)**CONTACT INFORMATION**

Name:

Civic address:

Mailing address:

Phone:

Email:

INCIDENT DETAILS

The location where the incident occurred:

Address or nearest intersection, direction, lane etc. Please provide a diagram if necessary.

Exact Date and Time Incident Occurred:

Description of Incident:

Attach additional pages or other evidence (i.e. photos).

Did you include property markers? Yes No

If yes, please describe or include images.

CLAIMANT VEHICLE INFORMATION: (only if a vehicle is involved in the incident)

Make:

Model:

Plate #:

Model Year:

Names and contact information of any witnesses and/or Town employees involved:



DAMAGE CLAIM FORM

TOWN VEHICLE INFORMATION: (only if a vehicle is involved in the incident)

Name (i.e. Loader/Truck):	Plate #:
Description:	
Names and contact information of any witnesses and/or Town employees involved:	

GENERAL INFORMATION:

The reason I believe I have a claim against the Town of Bonavista:

As a result of the information in this claim, the damages suffered are:
(estimate or actual cost of damages – must provide two (2) cost estimates in the case of property damages, and invoices if necessary)

Have you claimed, or will you be claiming any insurance compensation? Yes No
If YES, please provide the name, contact information, and file number from your insurance company.

APPLICANT SIGNATURE OF AGREEMENT

I, _____ of _____ in the Province of Newfoundland & Labrador, do fully understand:

- This form which sets forth the time, place, and manner in which the damage has been sustained must be delivered to the town office or by email to publicworks@townofbonavista.com within 14 days of the incident. Your claim will then be registered and investigated, and a letter will be sent to the address provided informing you of the outcome of the investigation.
- The information provided here is for the purpose of investigating and managing claims against the Town and as such any information to the Town may be used by the Town in defending a claim.

I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the force and effect as if made under oath.

Applicant signature: _____ Date: _____
Property Owner signature (if required): _____ Date: _____

FOR APPROVAL – OFFICE USE ONLY	
Chief Administrative Officer	Director Of External Operations
Notes:	