



PLEASE PRINT

LEG - 1000

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
Cause
Cause
Cause

PARTICULARS OF INCIDENT

SECTION 3

Date (yyyy/mm/dd) Time
Location
Witness Name
Witness Telephone(home) (work) (cell)
Witness E-mail Address

DESCRIPTION OF INCIDENT

SECTION 4

Description of incident area with multiple horizontal lines for text entry.

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)