



PLEASE PRINT

CLAIM NOTIFICATION FORM
General Claim Notification

Contact Information

SECTION 1

Claimant's Name: _____

Address: _____

City/Town: _____ Postal Code: _____

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

Email Address: _____

Type of Claim

SECTION 2

Auto

Sewer/Water

Property

Bodily Injury

Other

Cause of Damage Claimed:

Particulars of Incident

SECTION 3

Date (yyyy/mm/dd) _____ Time: _____ am pm

Location: _____

Witness Name: _____

Witness Telephone: _____ (home) _____ (work) _____ (cell)

Witness Email Address: _____



NEWFOUNDLAND AND LABRADOR, CANADA

LEG-1000 – General Claim Form		Legal Department
Description of Incident		SECTION 4
Description of Damage/Injuries		SECTION 5
Signature of Claimant		SECTION 6
_____		Date _____
Claimant's Signature		yyyy-mm-dd
<p>Note: Please use additional paper if space provided is not adequate. Also, please attach any additional documentation, if available, to fully document your claim, such as photos of the damage, photos of the area where the incident occurred, invoices, receipts, etc.</p>		
Privacy Notice		SECTION 7
<p>Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed for the purpose of adjudicating and processing claims. Questions about the collection and use of the information may be directed to the City Solicitor, Legal Department (legal@stjohns.ca – email) or (709-576-8641– telephone).</p>		
Please send completed form to:	Legal Department P.O. Box 908, 10 New Gower Street St. John's, NL A1C 5M2	For further information: Phone: (709) 576-8641 Email: legal@stjohns.ca



NEWFOUNDLAND AND LABRADOR, CANADA