## LEG – General Claim Form

**Legal Department** 

## ST. J@HN'S

## Claim Notification Form General Claim Notification

Contact Information				SECTION 1
Claimant's Name				
Address				
City/Town			Postal Co	ode
Telephone	(home)		(work)	(cell)
Email Address				
Type of Claim				SECTION 2
Auto Sew	er/Water	Property	Bodily Injury	Other
Cause of Damage Claime	ed.			
Oddoo of Barriago Claims	Ju.			
Particulars of Incident				SECTION 3
Date (yyyy/mm/dd)			Time	am pm
			· · · · · · · · · · · · · · · · · · ·	
Witness Name				
Witness Telephone				(cell)
Witness Email Address_				

LEG – General Claim Form		Legal Department				
Description of Incident		SECTION 4				
Description of Damage/Injuries		SECTION 5				
Signature of Claimant		SECTION 6				
Claimant's Signature	Date (Y	YYY-MM-DD)				
Note: Please use additional pap	er if space provided is not adequate. Als	so, please attach any				
additional documentation, if available, to fully document your claim, such as photos of the damage,						
photos of the area where the inci	dent occurred, invoices, receipts, etc.					
Privacy Notice		SECTION 7				
		0_01011				
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 (claims@stjohns.ca – email) or (709-576-8641– telephone).						
Please send completed	Legal Department	For further information:				
form to:	P.O. Box 908, 10 New Gower Street	Phone: (709) 576-8641				
	St. John's, NL A1C 5M2	Email: claims@stjohns.ca				

