



City of Niles General Liability Loss Claim Form

Today's Date	Date and Time of Loss	Was this claim previously report to the City? <div style="text-align: center;">Yes No</div>
Name of Claimant		If yes, name of City representative contacted
Address		Phone (including Area Code)
Best time to contact		City, State, Zip Code

Location of Loss or Accident

Description of Loss or Accident (attach additional sheets as necessary)

INJURED / PROPERTY DAMAGED

Name of Injured / Property Owner	Age	Gender	
Address	City, State, Zip Code		

Describe Injury	Fatality? <div style="text-align: center;">Yes No</div>
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What was Injured doing?

Describe Property (type, model, etc.)	Estimate Amount \$	Address where property can be seen
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WITNESS(ES)

Name and Address	Phone (include Area Code)
Name and Address	Phone (include Area Code)

REMARKS

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I certify that the facts described herein are true and correct to the best of my knowledge

Signature	Date
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City of Niles
333 N. 2nd St., Suite 301
Niles, MI 49120
269.683.4700

Liability Claim Form Instructions:

Complete this claim form as fully as possible

Attach an additional sheet if you need more space for explanation of the event

Enclose copies of expense(s) for which you seek reimbursement

If your vehicle was damaged and you seek reimbursement, enclose three (3) written estimates of repair

Attach a police report, if one exists

Sign the form, keep copies of everything for your records, and return the form and attachments to:

Catherine Jackson
City of Niles
333 N. 2nd St., Suite 301
Niles, MI 49120

Upon receipt of the form and supporting information, it will be submitted to the City's liability insurance carrier via email.

The insurance carrier will make the determination of liability. They will contact you by phone if they need more information and/or by letter with approval or denial of your claim.