



The City of
OKLAHOMA CITY

CLAIM FORM

Each person making a claim must file a separate claim

For proper receipt and processing, this form must be signed and returned to: *(faxed claims will not be accepted)*

City Clerk's Office - Claims
200 North Walker, 2nd Floor
Oklahoma City, OK 73102

Purchase Order No. _____
(for City use only)

PLEASE TYPE OR PRINT IN INK.

Claimant's Information:

Last Name _____ First Name _____ MI _____

Address _____ City _____

State _____ Zip Code _____ Home Phone _____ Daytime Phone _____

Email _____

Date and time of damage _____ at _____ am/pm
month day year time

Address where damage occurred _____

If Claimant is not the owner of the damaged property, provide owner's name, address and daytime phone number.

CLAIMANT IS REQUIRED TO PROVIDE ALL DOCUMENTS TO SUPPORT HIS/HER CLAIM. FAILURE TO PROVIDE COMPLETE INFORMATION AND/OR SUPPORTING DOCUMENTS MAY DELAY INVESTIGATION OF YOUR CLAIM.

Give a brief description of what happened. Include the name of the City Department and/or employee involved, and a complete description of the City vehicle or property alleged to be involved in the incident. Provide any evidence that will prove the City or a City employee was responsible. If additional space is required, attach additional sheets. You must provide photographs of the damage(s) to support your claim. Furthermore, if you are alleging damages because of a pothole or other street defect you MUST provide pictures of the alleged pothole/defect. We cannot return documentation or photographs or make copies for you. Please keep copies of any documents you send.

List the name of your insurance company, the policy number, and the agent's name, address and phone number.

Have you filed a claim with your insurance company for these damages? Yes No. If yes, submit a copy of your claim.

Have you been, or do you expect to be, compensated for your damages by your insurance company? Yes No.

What was or will be the amount of compensation from your insurance company? \$ _____



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(IF ADDITIONAL SPACE IS REQUIRED TO DESCRIBE DAMAGES, ATTACH AN ADDITIONAL SHEETS TO FORM)

PERSONAL PROPERTY DAMAGE (other than vehicle):

List items damaged. List each item damaged, age of item and original cost. Also list costs to repair or replace the items. If damage is to your home, attach copy of deed. Attach receipts or estimates to verify the amounts claimed and photographs of damaged property.

	Amount Claimed
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
TOTAL AMOUNT CLAIMED	\$ _____

PERSONAL INJURY:

List bodily injuries, cost of medical treatment to date, and anticipated medical cost. Provide documentation to support all damages claimed. Were you on the job at the time of the injury? Yes No. If so, what is the name of your employer?

	Amount Claimed
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
TOTAL AMOUNT CLAIMED	\$ _____

Has any medical bill been paid or will be paid by Medicare/Medicaid? Yes _____ No _____
If so and if the City is responsible for such bills the City must report any settlement and deduct from any settlement, this amount. See Medicare Secondary Payer Act 42 U.S.C§1395y.

VEHICLE DAMAGE: (A copy of your vehicle title, front and back, is required)

List vehicle damage. **ACTUAL REPAIR BILLS OR AT LEAST TWO ESTIMATES OF THE COST FOR ALL REPAIRS MUST BE SUBMITTED.** List other damages claimed (tires, wrecker, vehicle rental, storage, etc.) List each item damaged, age of item, and original cost. Attach receipts or estimates to verify the amounts claimed and provide photographs of vehicle damage.

	Amount Claimed
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
TOTAL AMOUNT CLAIMED	\$ _____

Claimant must sign form

The above information is true and correct to the best of my knowledge. I further state that I have made no payment, given or donated or agreed to pay, give, or donate, either directly or indirectly, to any elected official, officer, or employee of the City of Oklahoma City, money or any other thing of value to obtain payment.

Signature of Claimant Date