

Office Use Only

Claim No: _____

City Clerk's Office
3000 Guildford Way, Coquitlam BC V3B 7N2
Fax: 604-927-3015

Instructions: Please attach additional pages if you require more space.

Contact

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ Postal Code: _____

Is claimant under 19 years of age?: Yes No

Incident Details

Location where incident occurred:

(Address or nearest intersection, direction of travel, lane of travel [i.e. curb lane, left turn lane, middle lane]. Enclose map or diagram if needed.)

Exact DATE and TIME incident occurred: _____

Description of incident:

(Attach photos or other evidence if any.)

Did the incident occur as a result of work being performed by a contractor? Yes No

If Yes, please provide the name of the contractor and contact person, if known:

Did any emergency personnel attend such as paramedics, police or fire? Yes No

If Yes, please provide name(s), contact information and file number(s):

The reason that I believe I have a claim against the City of Coquitlam is as follows:

As a result of the incident, I suffered the following damage:

(Indicate your estimated or actual cost to repair the damage. Attach photos, invoices or other evidence if any.)

Have you claimed, or will you be claiming, any compensation from an insurance provider? Yes No

If Yes, please provide the name and contact information of your insurance provider(s) and file number(s):

Important

I understand that:

1. An official notice stating the time, place and manner in which the damage occurred, must be delivered to the City Clerk in writing, **within two months** from the date of the incident. (Section 736 of the *Local Government Act*, R.S.B.C. 2015, c. 1).
2. The information provided on this form and any further correspondence with the City about this claim is for the purpose of managing claims against the City. Personal information is collected, used, disclosed and retained by the City under the authority of the *Freedom of Information and Protection of Privacy Act*, R.S.B.C. 1996, c. 165 ("FOI/POPA"). I understand that by signing this form I am consenting to the City disclosing my personal information (contact information and copy of claim form and supporting documents), in accordance with Section 33(2)(c) of the Act, to a City service provider or other relevant organization, in cases where the City determines a service provider's or organization's activities may have resulted in or contributed to your claim. I understand that my personal information may be disclosed inside or outside Canada, within two years from the incident date, and that the disclosure is for the purpose of following up with my claim. Questions about the collection, use, disclosure or retention of the information provided may be made to the City of Coquitlam Risk and Insurance Coordinator in person at 3000 Guildford Way, Coquitlam BC, V3B 7N2 or by phone at 604-927-3089.
3. The City's receipt of a Notice of Claim does not mean the City accepts liability for any damage or loss suffered by the claimant. The City is not providing any advice to the claimant about the adequacy of this Notice. I acknowledge that the City's receipt of this Notice does not prevent the City from arguing it is inadequate.

Applicant's Signature: _____

Date: _____