

City of Coquitlam Notice of Claim

Office Use Only			City Clerk	
Claim No:		3000 Guildi	ford Way, Coquitlam BC \	/3B 7N2
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 tu	rn lane, middle lane	e]. 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 perfolious. If Yes, please provide the name of the contractor a	-	☐ Yes I	∟ No	
Did any emergency personnel attend such as param If Yes, please provide name(s), contact information	•	□ Yes □ No		

The reason that I believe I have a claim against the City of Coquitlam is as follows:					
	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.)				
Ha	ve you claimed, or will you be claiming, any compensation from an insurance provider? Yes No				
l	f Yes, please provide the name and contact information of your insurance provider(s) and file number(s):				
	mportant				
Ιu	nderstand 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 <i>Local Government Act</i> , 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 <i>Freedom of Information and Protection of Privacy Act</i> , R.S.B.C. 1996, c. 165 ("FOIPOPA"). 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 of 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 a 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.				
Аp	plicant's Signature: Date:				