

Incident Information (continued)

Description of the incident (attach photographs and any other supporting information of the incident):

Were there any witnesses? Yes No

If yes, provide witness contact information:

Was any construction or maintenance activity in progress at the incident site at the time of the incident?

Yes No

If yes, provide name of contractor and building name:

What were the weather and site conditions at time of incident?

Did any emergency personnel attend (*e.g.* paramedics, police, or fire)? Yes No

If yes, provide names, contact information, and/or file number:

Claim Details

Amount of claim (attach all supporting documentation such as receipts, quotes, or invoices): \$

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

If yes, provide contact information of your insurance provider, policy number, and/or claim file number:

Please describe any injuries, property damage, or losses you believe resulted from the incident. Attach supporting documentation (*e.g.*, medical notes, photos).

Other Information:

Have you previously informed the City of Coquitlam of this incident? Yes No

If yes, provide the name of the City of Coquitlam staff you spoke with:

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

Would you like to provide any additional information?

Important

I understand that:

1. A written 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, in accordance with section 736 of the *Local Government Act*, R.S.B.C. 2015, c. 1 (the "LGA");
2. There may be other limitation periods that apply to the claim;
3. The information provided within this form and any further correspondence with the City of Coquitlam (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 sections 26 and/or 27(1) of the *Freedom of Information and Protection of Privacy Act*, R.S.B.C. 1996, c. 165 ("FOIPPA"). By submitting this form, I understand the City may disclose my personal information (e.g. contact information, copy of the completed form, and supporting documents), in accordance with sections 33(2)(d), 33(2)(e) and/or 33(2)(p) of FOIPPA, to a City service provider or other relevant organizations, in cases where the City determines a service provider's or organization's activities may have resulted in or contributed to my claim. I further understand that my personal information may be disclosed inside or outside Canada 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 in person at 3000 Guildford Way, Coquitlam BC, V3B 7N2 or email at claims@coquitlam.ca;
4. The City's receipt of this form does not mean that the City accepts liability, either whole or in part, for any loss, damage, costs, or expenses sustained and/or incurred as claimed;
5. I acknowledge that loss, damage, costs, or expenses sustained and/or incurred being claimed in this form are not eligible for coverage under any private, employer, or extended health benefit plan, unless otherwise noted within this form;
6. The City does not and will not provide any advice, legal or otherwise, regarding my claim and whether the information provided within this form satisfies the requirements described in section 736 of the LGA. I acknowledge that the City's receipt of this form does not prevent the City from alleging that the information provided within this form fails to meet the requirements described in section 736 of the LGA; and
7. The information contained in this form does not take the place of legal advice.

Applicant's Signature:

Date:

Please note that incomplete forms will be not accepted.