

Claim Report



PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE MUNICIPAL ACT 2001, C.25 AND WILL BE USED TO PROCESS YOUR CLAIM WITH THE CITY OF VAUGHAN. QUESTIONS ABOUT THIS COLLECTION MAY BE DIRECTED TO THE CLAIMS ANALYST, LOCATED IN THE OFFICE OF THE CITY CLERK.

NOTE: Notices should be submitted to the City within ten (10) days of the incident. A two (2) year limitation period to submit a claim action will apply as per Section 4 of the Limitations Act, 2002 S.O. 2002, Chapter 24, Schedule B.

Personal Information of Claimant

First name: _____ Middle initial: _____ Last name: _____

Address unit #: _____ Street #: _____ Street: _____

City: _____ Province: _____ Postal code: _____

Home phone: _____ Work phone: _____ ext.: _____

Email: _____

Contact Information (if different from above)

First name: _____ Middle initial: _____ Last name: _____

Address unit #: _____ Street #: _____ Street: _____

City: _____ Province: _____ Postal code: _____

Home phone: _____ Work phone: _____ ext.: _____

Email: _____

Incident Information

Incident date: _____ Time of incident (a.m. or p.m.): _____

Location description (including address if known): _____

Closest intersection or reference point: _____

Facility: _____ Location of facility: _____

Other: _____

Police information (if applicable) _____

Officer's name _____ Badge # _____ Occurrence # _____

Brief Description of the Incident (attach additional sheet if necessary)

Injuries: No Yes Type: _____

Was medical attention sought? No Yes If yes, when: DD MM YYYY

Where was the medical attention received? e.g., family doctor, hospital: _____

Have you been able to return to regular activities? Yes No If no, please state your limitations: _____

Supporting Documentation

Please provide colour photographs or images of the location where the loss occurred. If an injury was sustained, please provide a photograph or map image of the location where the loss occurred and demark it with an **X**.

All associated estimates and invoices are to be included with your claim. Ensure to make copies of all documentation submitted, as it will not be returned and will become the property of the City of Vaughan.

Witness Information

A. First name: _____ Middle initial: _____ Last name: _____

Address unit #: _____ Street #: _____ Street: _____

City: _____ Province: _____ Postal code: _____

Home phone: _____ Work phone: _____ ext.: _____

Email: _____

B. First name: _____ Middle initial: _____ Last name: _____

Address unit #: _____ Street #: _____ Street: _____

City: _____ Province: _____ Postal code: _____

Home phone: _____ Work phone: _____ ext.: _____

Email: _____

The information provided herein is true. I understand that fraudulent claims cost all taxpayers, and for this reason, all fraudulent claims will be prosecuted to the full extent of the law.

Signature of Applicant: _____ Date: _____

All claims submitted are to be made in writing as per the Municipal Act and submitted to the Office of the City Clerk. Completing this form online is equivalent to submitting it in writing.

For more information contact the Office of the City Clerk, Risk Management Section, 2141 Major Mackenzie Dr., Vaughan, ON L6A 1T1; Phone: 905-832-2281; Fax: 905-832-8535; Email: claimservices@vaughan.ca.