

Notice Of Claim Against The City Of Winnipeg

For instructions on how to complete this form, or for contact information see page 2.

Note: There are statutory requirements as to form, process, and time limits (some as short as 7 days) for submitting claims against the City of Winnipeg. You are therefore encouraged to seek legal advice. **Fields with * are required**

| 1. CLAIMANT INFORMATION | | | | |
|---|----------------------------------|--|------------------------------------|-------------|
| Mr. Ms. | Mrs. Miss | * Last Name | * First Name | * Address |
| * City | * Province | * Postal Code | Date of Birth (Bodily Injury Only) | |
| 2. MAILING ADDRESS (if different from above) | | | | |
| Address | | City | Province | Postal Code |
| 3. BUSINESS INFORMATION (if applicable) | | | | |
| Business Name | | | Business Address | |
| 3. * DAYTIME CONTACT INFORMATION | | | | |
| Hm. Phone # | Work Phone # | Cell Phone # | E-mail Address | |
| CLAIM INFORMATION | | | | |
| 4. * Date of Incident | * 5. Time of Incident(AM or PM) | * 6. Location of Incident or Accident | | |
| * 7. Description of what happened: | | | | |
| * 8. Description of Claimant's injury, property damage or loss: | | | | |
| 9. Identify any city employee involved. | 10. Type of City Vehicle | 11. Vehicle License #, Unit # or Bus # | | |
| 12. CLAIMANT VEHICLE INFORMATION (if vehicle involved in incident) | | | | |
| License Plate # | Year | Make | Model | |
| 13. AMOUNT OF CLAIMANT'S PROPERTY DAMAGE OR LOSS. (Attach two estimates of the cost of the repairs.) | | | | |
| ITEMS | | | | |
| _____ | | | | \$ _____ |
| _____ | | | | \$ _____ |
| _____ | | | | \$ _____ |
| TOTAL AMOUNT | | \$ _____ | | |
| 14. WITNESSES (if any) | | | | |
| Last Name | | First Name | | Telephone # |
| Last Name | | First Name | | Telephone # |
| 15. ATTACHMENTS: (estimates, receipts, photos, etc) YES NO FORTHCOMING | | | | |
| 16. Signature | | | Date | |
| NOTE: If the alleged damages might have occurred as a result of work being performed by a contractor on behalf of the City your claim will be forwarded to the Contractor. | | | | |

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INSTRUCTIONS FOR FILING A CLAIM

Be sure to complete all sections of the Claims Form in order for your claim to be processed promptly.

1. **Claimant's Name, Address, and Date of Birth** – State the full name and address of the person who is claiming bodily injury, property damage or loss. If the claim is a bodily injury claim, enter the Month, Day and Year of the Claimant in the Date of Birth Field.
2. **Mailing Address** – Provide the mailing address to which all correspondence should be sent. (To be completed if different from No. 1)
3. **Business Information** – If the claimant involves a business, include the Business Name and Address.
4. **Daytime Contact Information** - Ensure the numbers of where you can be contacted during the day have been completed.
5. **Date of Incident** - State the exact month, day and year of the incident giving rise to the claim, if known, otherwise estimate the date of the incident.
6. **Time of Incident** – State the exact time, including A.M. or P.M., of the incident giving rise to the claim, if known.
7. **Location of Incident or Accident** – Include the exact address or intersecting streets where the incident occurred, or the best possible description.
8. **Description of What Happened** - State in detail all facts supporting your claim, including all facts and circumstances of the incident, all injuries, property damage and loss, all persons, entities, property and City department(s) involved. (Attach additional pages if required)
9. **Description of Claimant's injury, property damage or loss** – Provide in full detail a description of the injury, property damage or loss that resulted from the incident.
10. **Identify any City Employee Involved** – If known, provide the name, Badge Number and City Department of any City Employee(s) involved.
11. **Type of City Vehicle** – Describe the type of City Vehicle involved (if any), for example bus, front end loader, snow plow, fire truck, etc.
12. **Vehicle License #, Unit # or Bus #** - If known provide the license plate number, and/or bus number and/or the number of the City vehicle involved.
13. **Claimant Vehicle Information** - If the claimant's vehicle was involved, provide year, make, model and license plate number.
14. **Amount of Claimant's property damage or loss** – State the total amount of money you are claiming in damages. You may include future, anticipated expenses or losses. Whenever possible, please attach copies of all bills, receipts and repair estimates. If the claim involves property damage, please provide two repair estimates.
15. **Witnesses** – State the names and telephone numbers of any persons who witnessed the incident. Attach list of additional names if necessary.
16. **Attachments** – Attach copies of bills, estimates or other documents in support of your claim. Advise whether attachments are attached with the claims form, or if they are forthcoming.
17. **Signature** – If mailing, please sign Claims Form.

The completed Claims form and all related documents can be sent electronically, mailed or faxed to:

City of Winnipeg
Risk Management - Claims Section
3rd Floor - 185 King Street
Winnipeg, Manitoba
R3B 1J1
Fax: 311
e-mail: 311@winnipeg.ca