Risk Management
Claim Form

Claim is for: ☐ Bodily Injury, ☐ Automobile Accident, ☐ Property Damage, ☐ Other

***Note:* Two estimates are required for property damage or vehicle claims.**
Attach any receipts you may have for repairs already completed.
Please provide a copy of the investigating officer's report if available.

Section A; Your Information

Name: _____ Today's Date: _____

DOB: *_____ S.S. #: * _____

Address: _____ City, State & Zip _____

Contact: Home:_____Work:_____Mobile: _____ Email address (optional)

Insurance Company Name: _____ Policy # _____

***In Accordance with Florida Statues 768.28 (6) (C)**

Section B: Incident Information

Date and time of incident: _____

Location of incident: _____

Brief description of what happened: _____

_____

_____

Police Report filed? _____ Yes _____ No

If yes, which agency? _____ Case Number _____

Section C: Vehicle Information

Your Information	City Vehicle or Equipment Information
Make: Model:_____	Make: Model:_____
Year: _____ Tag#: _____	Year: _____ Tag#: _____
Vehicle Identification Number (VIN): _____	Divers' Name:: _____
Are you the car owner? ☐ Yes ☐ No	

Section D: Additional Information

City Department _____

City Employee Involved _____

Type of City Property / Equipment _____

Section E: Damage Information (Use back if necessary)

Describe damage: _____

Do you have an estimate of the damages? _____Yes _____ No

Have you repaired the damages? □ Yes □ No *If yes, by whom?* _____

Section F: Witness(es) Information

Please list any witness(es) to the incident:

Name: _____ Phone # _____

Name: _____ Phone # _____

COMPLETED FORMS ARE TO BE SUBMITTED TO:
The City of West Palm Beach
Division of Risk Management
401 Clematis Street, 5th Floor - Finance
West Palm Beach, Florida 33401
561-494-1130