CITY OF WEST HAVEN

CLAIMS DOCUMENTATION REQUIREMENTS

Claimants are required to provide the following documentation to have their claim considered for reimbursement. Failure to provide the proper documentation will result in your claim being denied.

Attach the following:

- **Police Report if one was made**
- **A full written description of Auto Accident, Incident or Occurrence**
- **Photos of Damage and Cause**
- **Dollar Estimate of Damages**
- **Proof of Payment by the Claimant for Repairs**

CLAIM FORM

NAME OF INDIVIDUAL MAKING CLAIM: _____

ADDRESS: _____

PHONE: _____

DATE OF INCIDENT OR ACCIDENT: _____

LOCATION OF INCIDENT OR ACCIDENT: _____

PROVIDE DESCRIPTION OF ACCIDENT, INCIDENT OR OCCURRENCE: _____

_____

_____

_____

_____

_____

_____

INDICATE PROPERTY DAMAGED MOTOR VEHICLE: _____

YEAR: _____ MAKE: _____ MODEL: _____

AREA OF VEHICLE DAMAGED: _____

DRIVER'S NAME: _____

DRIVER'S ADDRESS: _____

ESTIIMATE AMOUNT: _____

INDICATE PROPERTY DAMAGE OTHER THAN MOTOR VEHICLE: _____

_____

_____

_____

EXTENT OF DAMAGE: _____

_____

_____

BODILY INJURY: _____

NAME OF INJURED PERSON: _____

PHONE# _____ WORK# _____

OTHER COMMENTS: _____

_____

DATE: _____ SIGNATURE: _____