



## **CITY OF JACKSON CLAIM FORM** **Risk Management**

### **Instructions for filing a claim:**

**Please read all instructions on this page before completing the claim form. You must fully complete all applicable sections of this form or your claim will be returned to you as incomplete.**

**If there are questions, please call the Risk Management Department at 731-425-8528.**

### **Claimant Information**

Provide the full name, mailing address and telephone number of the person(s) claiming damage/injury. (Note: All official notices and other correspondence will be sent to the person(s) listed unless a representative's name is provided. If the claim is being filed on behalf of a minor, specify your relationship to the minor, and the date of birth of the minor.)

### **Claim Information**

- Provide the name of the department(s) **that allegedly caused the damage/injury.**
- Provide the name of the employee involved in the incident, if known.
- State the exact date of the incident that caused the alleged damage/injury.
- Enter the total dollar amount being claimed as a result of the alleged damage/injury. If damage/injury is continued or anticipated in the future, indicate with a "+" following the dollar amount.
- Provide a breakdown of how the total amount being claimed was computed. Attach 2 copies of bills, payment receipts, and cost estimates of claim.
- Describe in **full detail the damage/injury** that resulted.
- If applicable, provide the street address where the alleged damage/injury occurred.
- Describe in **full detail** the facts surrounding the incident that support your claim. State all facts that support your claim and **why you believe the City of Jackson is responsible.**

### **Insurance Information**

Indicate if a claim for the alleged damage/injury has been filed with your insurance carrier, either automobile, health, disability, homeowner's or business. If yes, provide the name, telephone number and mailing address of the insurance agent and/or claims adjuster. Also include your policy number and deductible.

### **Notice and Signature**

The claim form must be signed by the claimant or authorized representative. The City will not accept the claim without an original signature and date of signature.

### **Claim Submittal**

**This form must be submitted to the City of Jackson's Risk Management Office, 125 E. Main St., Suite 302, Jackson, TN 38301, fax to 731-425-8606, or email to [mgordon@cityofjackson.net](mailto:mgordon@cityofjackson.net) .**

**\*\*PLEASE READ ALL INSTRUCTIONS**

**CLAIM FOR DAMAGES**

**Claim #:** \_\_\_\_\_ (City use only)

<b>Name of Claimant:</b> _____ <b>Mailing Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____ <b>Telephone:</b> _____ <b>Email Address:</b> _____
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**Section 1: Claim Information**

Is the claim filed on behalf of a minor?  Yes  No

Relationship: \_\_\_\_\_ Date of birth of minor: \_\_\_\_\_

Name of City employee/department against which claim is filed (if known): \_\_\_\_\_  
\_\_\_\_\_

**Date of Incident:** \_\_\_\_\_

**Dollar Amount of Claim: \$** \_\_\_\_\_

Give location of incident: _____  Were Police called? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Attach Report if Available.</b>
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Describe damage or injury (attach additional sheets if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you the owner of the damaged property? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are not the owner of the damaged property, who is? Owners Name: _____ Owners Address: _____ Owners Phone Number: _____
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**Discuss the circumstances that led to the alleged damage or injury. State all the facts that support your claim against the City of Jackson and why you believe the City is responsible for the alleged damage or injury. (Use additional sheets if needed) Include Witness(es) information. (Name, address & phone number(s)).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 2: Insurance Information**

Name of Insurance Company (if more than one, please attach additional sheets with information): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Limits of Insurance and Deductible: \$ \_\_\_\_\_ / \$ \_\_\_\_\_

Has a claim been filed with your insurance carrier? \_\_\_\_ Yes \_\_\_\_ No

Policy #: \_\_\_\_\_ Claim #: \_\_\_\_\_ Phone: \_\_\_\_\_

**If claim involves damage to a vehicle:** Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Are you the registered owner: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_ Plate #: \_\_\_\_\_

If No, Name of Owner \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

**Section 3: Representative Information (if filed by an authorized representative)**

Name of Representative: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Section 4: Notice & Signature (form must be signed and dated)**

Signature of Claimant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Representative: \_\_\_\_\_

Date: \_\_\_\_\_

**Note: By signing this document you assert that information contained herein is true to the best of your knowledge subject to penalties of law.**