

CLAIM FORM

Mail To:
 City of Germantown
 Procurement Dept.
 1930 S. Germantown Rd. 38138
 Email To: risk@germantown-tn.gov
 Fax To: 901-757-7258

RISK MANAGEMENT USE ONLY		
Date Received	TML Notified <input type="checkbox"/> Yes <input type="checkbox"/> No	TML Claim #
Adjuster Assigned		Claim Closed <input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE PRINT

Date of Loss	Approximate Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Exact Location of Incident:	Department (if known)
Last Name	First Name	Address	Cell Phone Home Phone
Email Address	Date of Birth	SSN: (Only for injury claim)	IMPORTANT: Date of birth and social security number are required only due to mandatory Medicare insurer reporting requirements for any medical expense claim

Description of Incident:

State the Facts of Your Claim and Why You Feel the City of Germantown is Responsible:

Describe Property Damage (include estimated dollar amounts)

Dollar Amount of Medical (Include Copies of Receipts and Estimates) \$	Describe Injuries (include exact body part and type of injury – use additional paper if needed.) <input type="checkbox"/> Does Not Apply
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Type of Incident <input type="checkbox"/> Personal Injury <input type="checkbox"/> Private Property Damage <input type="checkbox"/> Other	List Witness Names and Phone Numbers (use additional paper if needed)
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Weather Conditions: <input type="checkbox"/> Sun/Daylight <input type="checkbox"/> Dark/Night <input type="checkbox"/> Clouds <input type="checkbox"/> Rain <input type="checkbox"/> Snow/Ice	Other Contributing Factors:	Road/Ground Conditions: <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Slick <input type="checkbox"/> Normal <input type="checkbox"/> In Doors
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PLEASE ATTACH COPIES OF INVOICES, PROOF OF PURCHASE OR SUPPORTING DOCUMENTS. (Include photos, if you have them)

I UNDERSTAND THERE IS NO CLAIM UNLESS THIS FORM IS FILLED OUT COMPLETELY. I hereby certify that the above statements and information are true and correct to the best of my knowledge. I also understand making a false claim with the intention of deceiving the City of Germantown is punishable by law. I understand by filling out a claim form does not automatically entitle me to a settlement. I understand the City will review all documentation and testimony that is presented in this declaration. An *Accident Questionnaire* must also be completed and submitted with this *Claim Form*. Thank You.

Printed Name

Signature

Date of Report