



## City of Niles General Liability Loss Claim Form

Today's Date	Date and Time of Loss	Was this claim previously reported to the City? <input type="checkbox"/> yes <input type="checkbox"/> no	
Name of Claimant		Phone (include area code)	
Address		City, State, Zip Code	
Best time to contact			
<b>INJURED / PROPERTY DAMAGED</b>			
Location of Loss or Accident		Name of City Authority Contacted	
Description of Loss or Accident (attach additional sheets as necessary)			
<b>INJURED / PROPERTY DAMAGED</b>			
Name of Injured / Property Owner		Phone (incl area code)	
Address	City, State, Zip	Age	Gender
Describe Injury			Fatality? <input type="checkbox"/> yes <input type="checkbox"/> no
What was Injured doing?			
Describe Property (type, model, etc.)		Estimate Amount \$	Where Can Property Be Seen?
<b>WITNESS(ES)</b>			
Name and Address		Phone (incl area code)	
Name and Address		Phone (incl area code)	
<b>REMARKS</b>			

I certify that the facts described herein are true and correct to the best of my knowledge

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**City of Niles  
508 E. Main St.  
Niles, MI 49120  
269.683.4700**

Instructions:

Complete this claim form as fully as possible

Attach an additional sheet if you need more space for explanation of the event

Enclose copies of expenses for which you seek reimbursement

If your vehicle was damaged and you seek reimbursement, enclose three (3) written estimates of repair

Attach a police report, if one exists

Sign the form, keep copies of everything for your records, and return the form and attachments to:

Catherine Jackson  
City of Niles  
508 E. Main St.  
Niles, MI 49120

Upon receipt of the form and supporting information, it will be submitted to the insurance carrier. **The insurance carrier will make the determination for payment and contact you by letter with the decision.**