



CITY OF HURST CLAIM REPORTING FORM

claim reporting form-0802.doc

NOTE: DO NOT COMPLETE THIS BOX.

FOR OFFICIAL USE ONLY

City Claim Number: _____;

City Secretary Date Stamp:

CLAIMANT INFORMATION (Please Print)

NAME: _____

ADDRESS: _____

CITY: _____, STATE: _____, ZIP: _____

Home Phone #: () _____; Work Phone #: () _____

Cell #: () _____; E-Mail Address: _____

WITNESS INFORMATION

Please complete the following for any witnesses to your accident/loss:

WITNESS # 1:

NAME: _____

ADDRESS: _____

CITY: _____, STATE: _____, ZIP: _____

Home Phone #: () _____; Work Phone #: () _____

Cell #: () _____; E-Mail Address: _____

WITNESS #2:

NAME: _____

ADDRESS: _____

CITY: _____, STATE: _____, ZIP: _____

Home Phone #: () _____; Work Phone #: () _____

Cell #: () _____; E-Mail Address: _____

(PLEASE COMPLETE BACK SIDE)

INSURANCE INFORMATION

Do you have insurance that applies to this accident/loss? [] Yes [] No

If Yes,

Insurance Agent/Broker's Name: _____

Address: _____

Phone #: () _____

Insurance Company Name: _____

Insurance Policy Number: _____; Deductible: \$ _____

DESCRIPTION OF ACCIDENT/LOSS

DATE OF ACCIDENT/LOSS: _____, Time of Day: _____ AM or PM

LOCATION OF ACCIDENT/LOSS: _____

DESCRIPTION OF ACCIDENT/LOSS:

Attach supporting documentation such as photos, invoices, estimates of repair, or other information to fully describe this accident/loss.

(Signature)

(Print Name)

(Date)

State of Texas
County of Tarrant

Before me, the undersigned Notary Public, on this day personally appeared _____ known to me through his/her driver's license (D.L. #: _____, State: _____) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she voluntarily executed the same for the purpose therein expressed.

Given under my hand and seal of office this _____ day of _____, A.D. 20

Notary Public, State of Texas