

GENERAL LIABILITY - PROPERTY DAMAGE CLAIM FORM

Indicates
required
field *

Claimant Information

Claimant
Name:*

Street
Address:*

City/State/Zip
Code:*

Telephone
Number:

(Home)

(Work)

(Mobile)

General Claim Information

Date & Time of Incident:*

(Date)

(Time)

Describe in
Detail How
Incident
Occurred:*

Street
Address of
Incident
or Location

of Incident:
*

City/State of
Incident:

Police
Report
Number:

Insurance Information

Full Name of
Insurance
Company:

Street
Address:

City/State/Zi
p Code:

Adjuster
Name:

Telephone
Number:

Insurance Information (Continued)

Name of
Policy
Holder:

Policy
Number:

Policy
Period: _____ (Effective Date) _____ (Expiration Date)

Claim

Number:

Witness Information

Name of
Witness to
Incident:

Street
Address:

City/State/Zip
Code:

Telephone
Number:

(Home)

(Work)

(Mobile)

Additional Information

Reason for
Claim and
Remedy
Sought:

City
Department
Involved:

City
Department
Report
Number:

Two
Written

Yes



No



Estimates
Attached:
(Cost to
Repair
Damages)

Paid Bill
Attached: Yes ● No ●

Signature Information

VERIFICATION BY CERTIFICATION

☐ Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.*

Preparer's Name:* _____

Claimant Signature: * _____

Date:* _____

Preparer Signature: _____ Date:

City of Chicago Claims Unit
30 N. LaSalle Street, Suite 800
Chicago, IL 60602
(312) 744-5650 Voice
(312) 744-5449 Fax