



City of Vaughan
 Office of the City Clerk
 Insurance &
 Risk Management Section
 2141 Major Mackenzie Drive
 Vaughan, Ontario
 L6A 1T1

CLAIM REPORT

Personal Information on this form is collected under the authority of the Municipal Act 2001, C.25 and will be used to process your claim with the City of Vaughan. Questions about this collection may be directed to the Claims Analyst, located in the Office of the City Clerk.

Ph: 905-832-8585
 Fx: 905-832-8535
 Email: claimservices@vaughan.ca

NOTE: Notices should be submitted to the City within (10) ten days of the incident. A (2) two year limitation period to submit a claim action will apply as per Section 4 of the Limitations Act, 2002 S.O. 2002, Chapter 24, Schedule B.

Personal Information of Claimant			
First Name	<input type="text"/>	Initial	<input type="text"/>
Last Name	<input type="text"/>		
Address Unit No.	<input type="text"/>	Street No.	<input type="text"/>
Street	<input type="text"/>		
City	<input type="text"/>	Province	<input type="text"/>
Postal Code	<input type="text"/>		
Home Phone ()	<input type="text"/>	-	<input type="text"/>
Work Phone ()	<input type="text"/>	-	<input type="text"/>
Email	<input type="text"/>		
Contact Information (if different from above)			
First Name	<input type="text"/>	Initial	<input type="text"/>
Last Name	<input type="text"/>		
Address Unit No.	<input type="text"/>	Street No.	<input type="text"/>
Street	<input type="text"/>		
City	<input type="text"/>	Province	<input type="text"/>
Postal Code	<input type="text"/>		
Home Phone ()	<input type="text"/>	-	<input type="text"/>
Work Phone ()	<input type="text"/>	-	<input type="text"/>
Email	<input type="text"/>		

Incident Information	
Incident Date	<input type="text"/>
Time of Incident (am or pm)	<input type="text"/>
Location description (including address if known)	<input type="text"/>
Closest intersection or reference point	<input type="text"/>
Facility	<input type="text"/>
Location of Facility	<input type="text"/>
Other	<input type="text"/>
Police Information (if applicable)	
Officers name	<input type="text"/>
Badge #	<input type="text"/>
Occurrence #	<input type="text"/>

All claims are to be submitted, either via mail, fax or email.

Witness Information (1)

First Name Middle Initial Last Name
Address Unit No. Street No. Street
City Province Postal Code
Home Phone () - Work Phone () - x
Email

Witness Information (2)

First Name Middle Initial Last Name
Address Unit No. Street No. Street
City Province Postal Code
Home Phone () - Work Phone () - x
Email

Provide a brief description of the incident:

If possible please provide a photo, map or diagram of exact loss location and provide copies of supporting documentation. i.e. coloured photographs, invoices, estimates. Note: Please make copies of all documentation submitted as documentation submitted will not be returned, and becomes the property of the City of Vaughan.

The information provided herein is true. I understand that fraudulent claims cost all taxpayers, and for this reason, all fraudulent claims will be prosecuted to the full extent of the law.

Signature of Applicant _____ **Date** _____

All claims are to be submitted, either via mail, fax or email.