



City of Niles General Liability Loss Claim Form

Today's Date	Date and Time of Loss	Was this claim previously report to the City? Yes No
Name of Claimant		If yes, name of City representative contacted
Address		Phone (including Area Code)
Best time to contact		City, State, Zip Code

Location of Loss or Accident

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Description of Loss or Accident (attach additional sheets as necessary)

INJURED / PROPERTY DAMAGED

Name of Injured / Property Owner	Age	Gender	
Address	City, State, Zip Code		
Describe Injury			Fatality? Yes No

What was Injured doing?

Describe Property (type, model, etc.)	Estimate Amount \$	Address where property can be seen
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WITNESS(ES)

Name and Address	Phone (include Area Code)
Name and Address	Phone (include Area Code)

REMARKS

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

Signature	Date
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