

### CLAIM REPORTING FORM

According to the Municipal Act, the County must receive notification of incidents in writing. In some situations, you must place the County on notice within 10 days of the incident.

#### Information of Claimant

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

#### Incident Information

Incident Date: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  
Location description (address, reference points, name of facility where applicable):  
\_\_\_\_\_  
\_\_\_\_\_

Persons or Vehicle /Equipment Involved: \_\_\_\_\_  
Damage or Injury: \_\_\_\_\_  
Other information: \_\_\_\_\_  
\_\_\_\_\_

#### Police Information (if applicable )

Officers name: \_\_\_\_\_ Badge#: \_\_\_\_\_  
Occurrence #: \_\_\_\_\_

Have you claimed, or will you be claiming any compensation from your insurance provider?

Yes

No

If yes, please provide the name and contact information of your insurance company.  
\_\_\_\_\_  
\_\_\_\_\_

#### Witness Information (1)

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Witness Information (2)

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Provide a 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. invoices, estimates etc) Note: Please make copies of all documentation submitted as documentation submitted will not be returned and becomes the property of the County of Oxford.

The information provided herein is true. I understand that fraudulent claims cost all taxpayers, and for this reason, all fraudulent claims will be prosecuted.

Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

*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 County of Oxford. Questions about this collection may be directed to the Coordinator of Legislative Services at 519-539-9800 ext 3017 [clerksoffice@oxfordcounty.ca](mailto:clerksoffice@oxfordcounty.ca)*