

CITY OF PHILADELPHIA
RISK MANAGEMENT DIVISION - CLAIMS UNIT
1515 ARCH STREET - 14TH FLOOR
PHILADELPHIA, PA 19102
FAX: (215) 683-1705

DESCRIPTION FORM

NAME: _____ **DATE:** _____

ADDRESS: _____ **TELEPHONE#:** _____

DATE OF BIRTH: _____ **SOCIAL SECURITY#:** _____

ATTORNEY: _____

ATTY. ADDRESS: _____

_____ **TELEPHONE#:** _____

DATE OF ACCIDENT/INCIDENT: _____ **TIME:** _____

LOCATION: _____

DESCRIBE IN DETAIL CLAIM AGAINST CITY: _____

POLICE NOTIFIED: _____

CITY EMPLOYEE INVOLVED: _____

CITY DEPARTMENT INVOLVED: _____ **CITY VEHICLE #:** _____

WITNESS: _____

ADDRESS: _____

PLEASE MAKE SURE THIS OFFICE HAS THE FOLLOWING INFORMATION:

- TWO WRITTEN ESTIMATES FOR REPAIRING DAMAGED PERSONAL PROPERTY.
- INSURANCE DECLARATION SHEET. IF THERE IS NO INSURANCE, A NOTARIZED AFFIDAVIT OF NO INSURANCE MUST BE SUBMITTED STATING THAT YOU HAVE NO COVERAGE FOR THIS LOSS.
- MEDICAL REPORTS AND BILLS IF YOUR CLAIM IS FOR AN INJURY.
- PHOTOGRAPHS OF DAMAGED PERSONAL PROPERTY (IF AVAILABLE).

FRAUD WARNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY, MUNICIPALITY OR ANY OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THIS PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

SIGNATURE: _____