



CITY OF CHICAGO CLAIM FORM

(Damage To Vehicle)

1. Claimant's Name: _____
(Last, First Middle)

2. Street Address: _____

3. City/State/Zip Code: _____

4. Telephone Number: _____
(Day and Evening)

5. Full Name of Claimants Insurance Company: _____

6. Name of Policy Holder: _____

7. Policy Number: _____

7a. Policy Period: _____
(From Date/To Date)

8. Claimant's Vehicle: _____
(Make, Model, Year)

(License Plate Number, State of License)

9. Date & Time of Accident: _____

10. Location at Which Accident Occurred: _____
(Street, Avenue or Boulevard/Number or Name of Closest Intersecting Street)

11. Name of Other Driver: _____
(Last, First Middle)

12. Vehicle License Number: _____

13. City Department for Which Driver Works: _____

14. Name of Witness to Accident: _____
(Last, First Middle)

15. Street Address: _____

16. City/State/Zip Code: _____

17. Telephone Number: _____
(Day and Evening)

18. Describe in Detail How Accident Occurred:

19. Police Report Number: _____

19a. City Department Report Number: _____

20. Two Written Estimates Attached: Yes _____ No _____
(Cost to Repair Damages)

21. Paid Bill Attached: Yes _____ No _____

22. Signature of Claimant: _____
Date: _____

Mail the completed form, along with any required supporting evidence to:

Office of the City Clerk
Attn: Claims
121 N. LaSalle St.
Room 107
Chicago, IL 60602-1295