# EASTERN CHARLOTTE

## POLICY 04-2023 LIABILITY & DAMAGE CLAIMS POLICY

The municipality of Eastern Charlotte works with citizens, businesses, and property owners to determine the Municipality's liability as it applies to various claims. A damage claim can be filed if it is believed that the Municipality has been negligent in its maintenance of facilities, roads, trees and sewers causing bodily injury or property damage.

In the event of injury or property damage, we recommend consulting your insurance company first, the Municipality is not your insurer and it is usually to your advantage to consult with your own insurer. The responsibility to repair your damaged property is yours and if you need to complete any emergency repairs to prevent further damage, it is your responsibility to do so and keep receipts. If your insurer feels the municipality is responsible, they will pursue the municipality for reimbursement of your claim.

If you choose to submit a claim against the Municipality, it is important to know that any claim will take time to investigate. The Municipality only pays when there is a legal obligation to pay, for instance if the Municipality was negligent in their operations and not usually just due to extreme weather. If the Municipality is found to be negligent, the amount paid is based on a current value, not replacement cost. As an example, potholes are a way of life, are considered a sudden unpreventable occurrence and the Municipality's liability only arises if the Municipality fails to respond to the hazard in a reasonable time.

### **POLICY DETAILS & AUTHORITY**

Liability & Damage Claims Policy (04-2023)

Reviewed by Committee on 07 February 2023.

This policy was adopted by Resolution of Council on 15 February 2023.



Section 1: INCIDENT IN	FORMATION				
Incident Date Incident Time			Weather conditions at time of incident		
Reporter Name		Reporter Address		Reporter Phone	
Reporter Name		Reporter Address		Reporter Priorie	
Incident Address or Location					
Describe what happened in as much det	ail as possible. Use a s	separate sheet if nece	ssary. Please include relevant supporting	photographs and documentation.	
	•		-		
-					
Charle bare if additional		ded There are	additional pages attached		
🗆 Check here if additional p		<b>ded.</b> There are _	additional pages attached.		
Section 2: WITNESS INF	ORMATION				
Are there any witnesses to the	incident?		Yes (Please complete witness i	nformation below)	
=			flow, and have them sign at the		
Witness #1 Name and Phone)	Tierit iroin each	withess listed be		end of this form.	
witness #1 Name and Phone)			Witness #2 Name and Phone)		
Witness #1 Address			Witness #2 Address		
How was this witness connected to the in	ncident?		How was this witness connected to the incident?		
Section 3: PERSONAL IN	NJURY DETAII	LS			
☐ Check here if there were N	NO PERSONAL IN	VIURIES resultir	ng from the incident and con	tinue to the next section.	
Name of Injured Person		.,	Home Phone	Date of Birth	
Name of injured Person			Tionic Frioric	Butte of Birth	
Address			City/Town	Postal Code	
Medicare #	Name of Insurer		Insurer Policy #	Insurer Case #	
Part(s) of Body Injured (Specify Left/Righ	t)				
rangs, or body injured (specify Leronigh	c)				
Have you missed any time from work,	Last Worked Date		Name of Employer / Supervisor	Employer Phone	
beyond the day of the accident, due to injury? ☐ Yes ☐ No					
			Signature & Date		
☐ Check here if injured part	y elected to fore	ego medical tre	atment		
				T	
Name of First Doctor Seen			Doctor Phone	Date of First Examination	
Medical Facility Name & Address			Medical Facility Address		

EC Damage Claim Form – 02/23



## Damage Claim Form, page 2

Section 4: PROPERTY DAMAGE DETAILS				
☐ Check here if there were NO PERSONAL INJURIES res	ulting from the incident ar	nd continue to the next section.		
Type of Property (i.e. vehicle, house, fence, etc.)	Owner of Property (if different	t from Reporter)		
Year of Make / Build	Prior Condition of Property	Prior Condition of Property		
Property Insurer	Insurer Policy #	Insurer Case #		
Have you obtained any quotes to repair/replace the damage	 ged property? □ No	☐ Yes (Please complete the following)		
Quote Obtained From	Date of Quote	Quoted Cost of Repair/Replacement		
Have you already made any repair to/replacement of the da If yes, please attach copies of all receipts and wor		□ No □ Yes		
Section 5: ADDITIONAL INFORMATION				
Were Police/RCMP Contacted? □ No □ Yes	Date & Time of Contact	Police/RCMP File #		
		ame of Operator		
Was a Municipal vehicle or piece of equipment involved?	□ No □ Yes			
Section 6: REPORTER DECLARATION				
By signing below, I certify all preceding information to be tr I also give the municipality of Eastern Charlotte permission investigating this claim.				
If it should be determined the information in this claim is fa employees, agents and insurers from all claims of liability.	alse, I release the municipalit	ty of Eastern Charlotte, its officers,		
Signature				
Section 6: WITNESS DECLARATION				
By signing below, I believe the facts stated in this claim and	l my attached witness staten	nent to be true.		
	l			
Printed Name (Witness #1)	Printed Name (Witness #2)			
Signature (Witness #1)	Signature (Witness #2)			
Date (Witness #1)	Date (Witness #2)			

EC Damage Claim Form – 02/23