

MUNICIPALITY OF
**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.

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DAMAGE CLAIM FORM

Section 1: INCIDENT INFORMATION			
Incident Date	Incident Time	Weather conditions at time of incident	
Reporter Name		Reporter Address	Reporter Phone
Incident Address or Location			
Describe what happened in as much detail as possible. Use a separate sheet if necessary. Please include relevant supporting photographs and documentation.			
<input type="checkbox"/> Check here if additional pages are provided. There are ___ additional pages attached.			
Section 2: WITNESS INFORMATION			
Are there any witnesses to the incident? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please complete witness information below)			
Please attach a separate statement from each witness listed below, and have them sign at the 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 incident?		How was this witness connected to the incident?	
Section 3: PERSONAL INJURY DETAILS			
<input type="checkbox"/> Check here if there were NO PERSONAL INJURIES resulting from the incident and continue to the next section.			
Name of Injured Person		Home Phone	Date of Birth
Address		City/Town	Postal Code
Medicare #	Name of Insurer	Insurer Policy #	Insurer Case #
Part(s) of Body Injured (Specify Left/Right)			
Have you missed any time from work, beyond the day of the accident, due to injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Worked Date	Name of Employer / Supervisor	Employer Phone
<input type="checkbox"/> Check here if injured party elected to forego medical treatment			Signature & Date
Name of First Doctor Seen		Doctor Phone	Date of First Examination
Medical Facility Name & Address		Medical Facility Address	

