



HOW TO SUBMIT A CLAIM FOR DAMAGES

If your property has been damaged or you have been injured and, in your opinion, the occurrence was due to negligence on the part of the City of Newcastle, a Claim for Damages form is required to be completed for the City to determine its level of responsibility to the claimant.

A Claim for Damages form can be obtained in person at City Hall, 12835 Newcastle Way, Suite 200. The form is also posted on the City website at www.newcastlewa.gov or by contacting Sarah Jacobs, Human Resources Manager/Risk Management Officer at 425.649.4143 x 114.

The Claim for Damages form must be typed or legibly completed in ink, signed and filed with the Risk Management Office at City of Newcastle. Submit any available documents or evidence supporting your claim, such as photographs, invoices, receipts, proof of ownership, etc. If more space is needed, please attach a separate sheet to claim.

Claim adjusters representing its insurance carrier usually conduct investigations into Claims for Damages. You may be contacted by either Washington Cities Insurance Authority (WCIA) or Evergreen Adjustment Services depending on the type of claim.

Submittal of a Claim for Damages does not guarantee payment by the City or its insurance carriers. An investigation by a Claims Adjuster will be made into the incident to determine if the City has any liability as determined by applicable laws. If it is determined that the City has a responsibility to you, the amount of the claim payment is based on the level of City liability, the level of your liability (if any) and the depreciated value (not replacement value) of the property damaged.

Please contact Sarah Jacobs at 425.649.4143 x 114 or sarahj@newcastlewa.gov if you have any questions in regards to the claims process.



CLAIM FOR DAMAGES

FOR OFFICIAL USE ONLY	
	DATE
City Recv	_____
Risk Mgmt	_____
WCIA	_____
City Atty	_____
Dept Head	_____
Incident Rpt	_____

This document must be typed or legibly completed in ink, signed and filed with the City's Risk Management Office.

In Person

Newcastle City Hall
12835 Newcastle Way, Suite 200
Newcastle, WA 98056

By Mail

City of Newcastle/Risk Management Office
12835 Newcastle Way, Suite 200
Newcastle, WA 98056

If more space is needed attach separate sheets to the claim, along with any supporting documentation to substantiate claim.

Claimant Information	
Name of Claimant: _____	Date of Birth: _____
Current Residential Address: _____	
Mailing Address (if different): _____	
Residential Address at time of incident (if different): _____	
Claimant's Day Time Phone Number (work, home or cell): _____	
Claimant's Email Address: _____	

Injury and/or Property Damage

DATE OF INCIDENT _____ **TIME** _____ **A.M.** or **P.M.**

LOCATION (address, building, cross street, landmark): _____

DESCRIBE HOW it occurred and what you believe was the cause: _____

DESCRIBE NATURE of injury or damage: _____

WITNESS LIST their Name, Address and Phone Numbers: _____

NAME OF CITY EMPLOYEE(S) that have knowledge of incident: _____

TREATING MEDICAL PROVIDER (Name, address and phone number): _____

IF POLICE INVOLVEMENT list agency and case number: _____

FOR ALL CLAIMS – Have you submitted a claim to your insurance carrier?: No Yes – if so when? _____

Insurance Company: _____

Policy #: _____ Claim #: _____

Agent's Name _____ Phone: _____

Additional Information Required for Automobile Claims Only

License Plate # _____ Year/ Make/ Model _____

Driver Name: _____ License #: _____ State: _____

Address & Phone: _____

Owner Name, Address & Phone _____

Passenger Name's, Address & Phone _____

AMOUNT OF CLAIM- attach supporting documentation: \$ _____

I declare under penalty of perjury under the laws of the State of Washington the foregoing is true and correct. This Claim form must be signed by the Claimant, a person holding a written power of attorney from the Claimant, by an attorney admitted to practice in Washington State on the Claimant's behalf or by a court-approved guardian or guardian ad litem on behalf of the Claimant.

Signature of Claimant

Date

(If notarized, for notary to complete)

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____ Signature: _____ Title: _____

My appointment expires: _____