

Do Not Write In This Space

Purchase Order No. _____
(for City Use only)



CLAIMS AGAINST THE CITY OF BETHEL

P.O. BOX 1388, 300 STATE HIGHWAY, BETHEL, AK 99559
PHONE: (907) 543-3150 FAX: (907) 543-3817

Before completing this form please read the instructions on the back. Untimely claims will be returned. Please submit this form and supporting documents to the Finance Department. Claims must be initiated within 30 days of an alleged incident.

***= REQUIRED **=REQUIRED IF KNOWN**

1. Claimant's Name, Residential and Mailing Address. * _____ _____ City Zip _____ Telephone Daytime Evening Cellular _____ Email _____		2. Send Official Notices and Correspondence to: * _____ _____ City Zip _____ Telephone Daytime Evening Cellular _____ Email _____	
3. Date of Birth	4. Social Security Number	5. Date of Incident *	6. Time of Incident (AM or PM) **
7. Location of Incident or Accident. **		8. Claimant Vehicle License Plate #, Type Mileage, and Year. **	
9. Basis of Claim. State, in detail, all of the facts and circumstances of the incident. Identify all persons, entities, property and City departments involved including witnesses. State why you believe the City is responsible for the alleged injury, property damage or loss. Provide any evidence that will prove the City or a City employee was responsible. If additional space is required, attach additional sheets. * _____ _____ _____ _____			
10. Amount of Claimant's property damage or loss and method of computation. Attach supporting documentation. * _____ \$ _____ _____ \$ _____ _____ \$ _____ <div style="text-align: right;">TOTAL AMOUNT \$ _____</div>			
11. Insurance Information. *Have you filed a claim with your insurance company for these damages? ___Yes ___No. If yes, submit a copy of your claim. List the name of your insurance company, the policy number, and the agent's name, address and phone #. _____ Have you been, or do you expect to be, compensated for your damages by your insurance company? ___Yes ___No. If yes, how much? _____			
12. The above information is true and correct to the best of my knowledge. Further, I have made no payment, given or agreed to pay, or give, to any elected official, officer, or employee of the City of Bethel, money or any other thing of value to obtain payment. * _____ Signature of Claimant or Representative Date _____ Print Name Relationship to Claimant _____			

CRIMINAL PENALTY FOR PRESENTING A FALSE OR FRAUDULENT CLAIM IS IMPRISONMENT OR FINE OR BOTH.

INSTRUCTIONS FOR FILING A CLAIM

- 1. Claimant's name, Address and Telephone-** State the full name, mailing and residential address and telephone numbers of the person claiming personal injury, damage or loss. Each person making a claim must file a separate claim.
- 2. Official Notices and Correspondence-** Provide the name, mailing address and residential address, and telephone numbers of the person to whom all official notices and other correspondence should be sent, if other than claimant. This official contact person can be the claimant or a representative of the claimant. If this section is completed, all official notices and correspondence will be sent to the person listed.
- 3. Date of Birth-** State claimant's date of birth including month, day, and year.
- 4. Social Security Number-** State the claimant's social security number. The federal Government requires the City to report settlements for present or future medical care. This information will be kept confidential and only shared with the federal Government. The City is unable to process payment without this information.
- 5. Date of Incident-** State the exact month, day, and year of the incident giving rise to the claim.
- 6. Time of Incident-** State the exact time, including A.M. or P.M., of the incident giving rise to the claim.
- 7. Location of Incident of Accident-** Include the street address or road where the incident occurred.
- 8. Claimant Vehicle License Plate Number –**Please provide the license plate number of vehicle driven by claimant or in which claimant was a passenger.
- 9. Basis of Claim-** State in detail all facts supporting your claim, including all facts and circumstances of the incident, all alleged injuries, property damage and loss, all persons, entities, property and City departments involved, and why you believe the City is responsible for the alleged injury, property damage or loss. Please provide the name of the City employee(s) who allegedly caused the injury or property damage, the type of City vehicle involved (if any), and the license and Number of the City vehicle involved (if any). **You must provide photographs of the damage(s) to support your claim.** We cannot return documentation or photographs or make copies for you. Please keep copies of any documents you provide. All documents are subject to the State of Alaska Public Disclosure Laws. You are required to provide written justification of the amount of your claim:
 - Property Damage Claims require two estimates and photographs of the damages.
 - Personal injury claims require complete unaltered copies of all bills from treating physicians or other expenses that may have been incurred as a result of injury. If you contend that you have incurred a wage loss, please provide appropriate supporting documentation with your claim.
- 10. Description of Injury, Property Damage or Loss-** Provide in full detail a description of the injury, property damage or loss that allegedly resulted from the incident. If claimant's vehicle was involved, provide the make, model, mileage, and year. You may attach additional material. You are provided 20 days from the filing of the claim to supply cost estimates and damage reports for numbers 10 and 11.
- 11. Insurance Information-** Provide your insurance information if this claim has been sent to your insurance company.
- 12. Signature of Claimant or Representative –**Please sign and date. Print name of signatory and relationship to claimant. The claim must be signed by the claimant or by the official representative of the claimant. The City will not accept the claim without the original signature.

Initiation of the claim must take place within 30 days of the incident. Information regarding claims for death or injury to persons or damage to personal property must be filed in whole which includes any amendments to the claim, within six months after the incident giving rise to the claim. All other claims must be filed in whole which includes any amendment to the claim, within one year. The City will close out all claims in accordance to the above mentioned time frames unless the claimant provides a written statement identifying a reasonable cause for an extension to the claim. All amendments and extension requests for claims must be made to the Finance Department and the original claim number must be provided at the time of submission.

A response to your claim will be provided within 45 days of its submission or amendment.

The evaluation of your claim may result in several actions, the most common being:

- 1.** A settlement offer, if all of the information has been submitted; or
- 2.** A formal denial. If a formal denial letter is sent to you, this means that our evaluation has determined that the City is not at fault and will not pay any money in response to your claim. You are free to write or speak to the City representative handling your claim and discuss the basis for the denial; or
- 3.** Postponement of any action until medical treatment has been completed and bills and/or appropriate wage loss forms and payroll records are submitted.

An appeal to the decision of the City Official representing the claim shall be in writing form to the City Manager within 20 days from the date of the claim denial.

Any request for information by the City of Bethel is not a commitment to pay your claim or an admission of liability. All of the information you submit will be evaluated together with the results of our investigation.

Please be advised that the City of Bethel may offset against a claim any amounts owed by the claimant, including unpaid utility bills.

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