



The Municipal Corporation of the Town of Fort Erie **REPORTING A CLAIM**

Reporting a Claim

If you have suffered a personal injury or have sustained damage to your personal property as a direct result of activities or services provided by the Town of Fort Erie and wish to submit a claim for your damages, the following steps will guide you. Upon receipt of your claim, the Town or its adjuster begins an investigation and typically a final response will be sent to you within thirty (30) days.

Personal Injury

The *Municipal Act, 2001*, imposes time restrictions for reporting accidents that occur on roads, bridges and sidewalks, including motor vehicle collisions, trip and fall incidents and slip and fall incidents. Such incidents must be reported to the Town **within ten (10) days after the occurrence** in order to be considered.

The *Occupiers' Liability Act* also imposes time restrictions for reporting accidents caused by snow or ice on Town property other than roads, bridges and sidewalks. Such incidents must be reported to the Town **within sixty (60) days after the occurrence** in order to be considered.

If you wish to report a claim for personal injury, please complete the Personal Injury/Property Damage Claim – Form 1 or prepare a written Claim Letter or Notice of Claim that sets out:

- Date and time of incident
- Exact location
- Type of incident and any relevant details

The Personal Injury/Property Damage Claim – Form 1, Claim Letter or Notice of Claim must be served on or sent by registered mail to the Town Clerk.

Property Damage

If you sustain damage to your personal property, report the incident to your insurance carrier. Your insurer will assess the damage and will make the immediate necessary arrangements to commence clean up, repair and/or replacement of the damaged property. Please make a list of all damaged or affected areas and/or items and take photographs if possible. Your insurer should pay for damages and if applicable, it will contact the Town for recovery.

If your insurance company does not cover your property damage, please complete the Personal Injury/Property Damage Claim – Form 1 or a written Claim Letter or Notice of Claim detailing the events that may have caused the damage, providing any photographs taken and attaching copies of any invoices or expenses incurred. If you have not yet received any invoices, please indicate that they are forthcoming.

Please send your Claim and all relevant documents to:

Rosanna Firenze
Law Clerk
The Corporation of the Town of Fort Erie
1 Municipal Centre Drive
Fort Erie, ON L2A 2S6
Telephone: 905-871-1600 ext. 2213/Fax: 905-871-9984
Email: rfirenze@forterie.ca

Additional Information

The Town of Fort Erie will not be held responsible for your personal injury or property damage claim unless you can provide evidence that it was caused by a negligent act or omission of the Town. Like most Canadian municipalities, the Town of Fort Erie only compensates claims for personal injury or property damage when it is legally liable for the damage sustained. This approach helps to reduce costs for the taxpaying public who ultimately bear the cost of these claims. The Town also seeks recovery of damages and costs from other parties that may be responsible for personal injury or property damage, including damage to Town property such as streetlights and fire hydrants.

The personal information on this form is collected under the authority of the *Municipal Act, 2001*. The information is used solely for the purpose of processing the Personal Injury/Property Damage Claim and will be supplied to the Town of Fort Erie's insurance adjuster and its insurer. If the alleged damages may have occurred as the result of work being done by a contractor on behalf of the Town or a public utility, this information will be shared with the contractor, which may disclose it to its insurance adjuster and/or its insurer. Questions about this collection of information can be made to the Town's Records Coordinator at 905-871-1600 ext. 2214

If you have any questions, please contact Rosanna Firenze, Law Clerk at 905-871-1600 ext. 2213 or email: rfirenze@forterie.ca.

Note: Payment of any claim is contingent upon the Town being found liable. Fraudulent claims cost all taxpayers. The Town will prosecute all fraudulent claims to the fullest extent of the law.

FORM 1



The Municipal Corporation of the
Town of Fort Erie

INCIDENT REPORT/CLAIM FOR DAMAGES

TO: Law Clerk
Town of Fort Erie
1 Municipal Centre Drive
Fort Erie, ON L2A 2S6

EMAIL: rfirenze@forterie.ca
FAX: 905-871-9984

- I wish to report an incident, OR
- I wish to submit a claim for damages by filing this form with the Town of Fort Erie.

NAME: Mr. Mrs. Ms. Miss _____

ADDRESS: _____

_____ **TELEPHONE:** _____
City Province Postal Code Home

_____ **EMAIL:** _____
Business Cell

Date of Incident: _____ **Time of Incident:** _____ **AM/PM**

LOCATION: _____

Description of Injury/Damage: _____

First Aid Given: YES NO **Ambulance Called:** YES NO

DETAILS: Please provide **SPECIFIC** information regarding incident. (Use separate sheet, if required)

ATTACHMENTS: (estimates, receipts, photographs, etc.) YES NO **FORTHCOMING**

OTHER DETAILS: Medication taking: _____

Weather Conditions: _____ **Your Footwear:** _____

SIGNATURE: _____ **DATE:** _____

Witness 1:

Name: _____

Address: _____

Phone Nos. _____

Witness 2:

Name: _____

Address: _____

Phone Nos. _____

NOTE: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

The personal information on this form is collected under the authority of the *Municipal Act, 2001*. The information is used solely for the purpose of processing the Personal Injury/Property Damage Claim and will be supplied to the Town of Fort Erie's Insurance Adjuster. Also, if the alleged damages might have occurred as the result of work being performed by a contractor on behalf of the Town or a public utility, this information will be shared with the relevant contractor who may forward to their insurance provider. Questions about this collection of information can be made to the Record's Coordinator at 905-871-1600 ext. 2214.

RISK MANAGEMENT OFFICE NOTATION: Date Received: _____