



Return Form To: Director of Risk Management, PO Box 299, 110 N. First St., Indianola, IA 50125 • (515) 961-9410

## DAMAGE CLAIM FORM

This is a filing of a claim against the City of Indianola and/or Indianola Municipal Utilities. You should complete this report in full, as this report constitutes your claim against the entity.

You are advised that no representations made by you to any employee of the entity is a part of this report unless in the report. No representation made to you by any employee of the entity can, in any way, waive any of the requirements of law as to this report of your claim.

You are further advised that failure to file this report within sixty (60) days of the date of the occurrence may invalidate your claim against the City of Indianola and/or Indianola Municipal Utilities.

To: City of Indianola and/or Indianola Municipal Utilities

You are hereby notified of the following claim made upon you by the undersigned as a result of the loss reported herein:

- 1. Name of claimant \_\_\_\_\_
- 2. Address \_\_\_\_\_
- 3. Telephone number \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell)
- 4. Date of Loss \_\_\_\_\_ Time of Loss \_\_\_\_\_
- 5. Location of accident or loss (be specific) \_\_\_\_\_  
\_\_\_\_\_
- 6. Describe accident or occurrence which caused injury or damage. (Give full details upon which you have your claim. If an employee was involved, give his name) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 7. What were weather conditions like \_\_\_\_\_
- 8. Give name and address of any witnesses \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Did police investigate the accident?  Yes  No, if so, give name(s) of Police officer(s)

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10. Was anyone injured  Yes  No, if so, give name(s), address and extent of injuries

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11. Was any damage done to property?  Yes  No, if so, describe property and extent of damage. Attach estimates of damages or describe basis for ascertaining extent of damage.

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12. What other damages do you claim, if any \_\_\_\_\_

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13. Have you been compensated for any part or all of your claim by any insurance company? If so, give name(s) and address of insurance company and amount paid \_\_\_\_\_

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14. What amount do you claim in damages from entity \_\_\_\_\_

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15. Have you made any claim against anyone else for damages as a result of this occurrence? If so, give name(s) and address \_\_\_\_\_

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16. If the answer to question 15 is yes, have you received any payment from that source and if so, in what amount \_\_\_\_\_

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Dated at \_\_\_\_\_, Iowa, this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Signature of claimant \_\_\_\_\_