	NOTICE	OF CLAIM AGAI	INST		
Forward T	·o:				
l. Claim	ant:	_			
Last	First	Middle	Telephon	e (Area Cod	de) Number
Street Ad	dress	· · · · · · · · · · · · · · · · · · ·	Mailing address	address if	other than
Date of B	irtn/Social Sec	curity #	City	State	Zip Code
sent to a	and corresponde person other t				m are to be
2.	Name		M	ailing Addr	`ess
			City	State	Zip Code
		•	Telephor	ne (Area Co	de) Number
Relationsh	hip to claimant	: Spouse () or	xplain Rela	tionship
3.a. The	occurrence or	accident whi	ch gave r	ise to this	claim:
Date	e	·	Time		
	cribe the locat				
Muni	icipality	Exact To	cation of	the occurr	ence

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State in detail each and every negligent or wrong the employees which caused your damage.	State the name and address of the Municipality, A Commission that you claim caused your damage. State the names of employees whom you claim were including any information that will assist in ideal locating them. State in detail each and every negligent or wrong the employees which caused your damage.	State the name and address of the Municipality, Age Commission that you claim caused your damage. State the names of employees whom you claim were at including any information that will assist in ident locating them. State in detail each and every negligent or wrongfuthe employees which caused your damage.	State the name and address of the Municipality, Agence Commission that you claim caused your damage. State the names of employees whom you claim were at fincluding any information that will assist in identificating them. State in detail each and every negligent or wrongful the employees which caused your damage.	State the name and address of the Municipality, Agency Commission that you claim caused your damage. State the names of employees whom you claim were at fau including any information that will assist in identifyi locating them. State in detail each and every negligent or wrongful ace the employees which caused your damage.	State the name and address of the Municipality, Agency or Commission that you claim caused your damage. State the names of employees whom you claim were at fault including any information that will assist in identifying locating them. State in detail each and every negligent or wrongful act the employees which caused your damage.

Claim	for						•									
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(2) D i I	njur	·y?	laim desci	Ť	Yes			No					•			
(3) F			hosp													
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	(b)	Add	ress													

	(e) Amount paid or payab insurance.	le by other sources such as
		•
	(4) If you claim loss of wage injury, state:	s or income as a result of the
Name	of employer	Address of employer
Your	occupation	Date you became employer at this job
Rate	of Pay	Dates of absence from work
Total	lost wages to date	If still out work, expected date of return.
	: If you claimed loss of inco asis of your calculation of lo	me, attach a calculation showing st income.
	(5) Set forth any and all oth you.	er losses or damages claimed by
- -		
с.	If you claim property damage: (1) Describe the property dam model, year, color, vehic plate number, state and p	aged (if vehicle, include make, le identification number, license arts of vehicle damaged.)

(d) Amount of charges to date;

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(3)	Date	pro	pert	ty a	cqu	ire	ed _											
(4)	Cost	of	the	pro	per	ty	\$		-									
(5)	Valu	e of	pro ed c	oper of \$	ty	at	tim	ie c	if a	cci	den	t o	r o	СС	urr	en	ce	
(6)	Desc	ript	ion	of	dam	age	<u> </u>											
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5.

6.

	of the lof insura		expenses	claimed	herein cove	red by an
					address of r r payable.	the insur
damages	receive claimed agreemen	herein?	ed to red	ceive any _ If so,	money from set forth ti	anyone f ne detail

The following items must be submitted with this notice:

- (1) Copies of itemized bills for each medical expense and other losses and expenses claimed.
- (2) Full copies of all appraisals and estimates of property damage claimed by you.
- (3) Copies of all written reports, or summaries of all oral reports or statements, of all expert witnesses and treating physicians.
- (4) A letter from your employer verifying your lost wages. If self-employed, or claiming lost profits, a statement showing the calculation of your claimed lost income and Federal and State corporate or individual tax returns for the five years prior to the date of the accident or occurrence complained of.

I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Claimant or person filing claim on behalf of claimant.

DATED:

Dated: February 28, 2000