

MAIL TO:
 Chicago Park District
 Attn: Risk Management
 541 N. Fairbanks Court
 Chicago, IL 60611

CHICAGO PARK DISTRICT VEHICLE DAMAGE – CLAIM FORM



TODAY'S DATE:	CPD USE ONLY:
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CLAIMANT'S INFORMATION – VEHICLE OWNER OF RECORD

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
ADDRESS:					APT NO.
CITY:		STATE:	ZIP CODE:	TELEPHONE NUMBER (DAY/EVENING):	
HAVE YOU HAD REPAIRS DONE? YES <input type="checkbox"/> NO <input type="checkbox"/>		LICENSE PLATE NO.	STATE ISSUED:	VEHICLE MAKE:	VEHICLE MODEL:
					VEHICLE YEAR :

CLAIMANT'S INSURANCE INFORMATION

NAME OF INSURANCE COMPANY:		NAME OF AGENT:		TELEPHONE NUMBER:	
NAME OF POLICY HOLDER:		POLICY NUMBER:		POLICY PERIOD:	
				FROM:	TO:
HAVE YOU SUBMITTED A CLAIM? YES <input type="checkbox"/> NO <input type="checkbox"/>		HAVE YOU RECEIVED AN INSURANCE PAYMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, AMOUNT RECEIVED FROM INSURANCE CARRIER... \$	

INCIDENT INFORMATION

DATE OF INCIDENT:	TIME OF INCIDENT:	LOCATION OF ACCIDENT (ADDRESS/INTERSECTION):			
WERE THERE WITNESSES? YES <input type="checkbox"/> NO <input type="checkbox"/>		WAS THERE A POLICE REPORT FILED? YES <input type="checkbox"/> NO <input type="checkbox"/>		REPORT NO.:	
NAME OF WITNESS:		ADDRESS:		TELEPHONE NUMBER:	
NAME OF CHICAGO PARK DISTRICT DRIVER:		VEHICLE LICENSE NUMBER:		DEPARTMENT FOR WHICH DRIVER WORKS:	

DESCRIPTION OF INCIDENT

SIGNATURE OF CLAIMANT

THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FAILURE TO PROVIDE A COMPLETED CLAIM FORM AND SUPPORTING DOCUMENTATION (PHOTOS, ESTIMATES, PAID BILLS, RECEIPTS, ETC.,) MAY RESULT IN THE DELAY AND/OR DENIAL OF MY CLAIM. I FURTHER ACKNOWLEDGE THAT SUBMISSION OF CLAIM FORM DOES NOT CONSTITUTE APPROVAL OF CLAIM.

PHOTOS ATTACHED YES <input type="checkbox"/> NO <input type="checkbox"/>	WHAT IS THE TOTAL AMOUNT OF YOUR CLAIM...? \$
THREE ESTIMATES ATTACHED (ITEMIZED) YES <input type="checkbox"/> NO <input type="checkbox"/>	CLAIMANT SIGNATURE
PAID BILLS ATTACHED YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE