April 2, 2019

Please read the following entirely before completing the attached claim form. This acknowledges your request for a claim form, which is enclosed. You may otherwise choose to file a claim with your insurance carrier.

Return the completed, signed claim form as soon as possible. Include the date, time, and specific location of the incident, the cause of any injury or damages, and the names and addresses of any witnesses or other interested persons. **Submit with your claim form copies of any photographs, bills, receipts, estimates, police reports (or the report number) and other documents in support of your claim. This information may facilitate faster claim processing.**

If you are claiming automobile damage and your vehicle is drivable, send **two repair estimates in addition to the other documents**. If you are claiming bodily injury, send copies of **all medical bills and reports**.

Once your claim form has been received, an investigator will be assigned to your case. The investigator *may* contact you for further information. Upon completion of the investigation, you will be notified of a decision.

Your claim must be received in writing and either hand delivered, mailed or mailed certified, return receipt requested, within one (1) year of the date of incident. **FACSIMILE TRANSMISSION IS NOT ACCEPTABLE.**

It is necessary that you sign and date the claim form where indicated. Notice of claim forms and/or letters not signed will not be processed.

If you have any questions, you may telephone our claims desk between the hours of 8:30 A.M. and 4:30 P.M. at (410) 396-3308 for automobile liability claims or (410) 396-3400 for general liability claims.

MAYOR AND CITY COUNCIL OF BALTIMORE

STATEMENT OF CLAIM

DEPARTMENT OF LAW
CENTRAL BUREAU OF INVESTIGATION (CBI)
7 E. Redwood Street, 6th Floor, Baltimore MD 21202
410-396-3400 / 410-396-3308

FOR OFFICE USE ONLY

Invest:____________________

Date:____________________

Flie #:____________________

Claimant's full Name:______________________________

Address (Include postal zone):______________________________

Home Phone:_______________ Cell:_______________ Date of Birth:_______________

Exact Location of Incident:______________________________

Date of incident:_______________ Time:__________ ☐ am ☐ pm

The Incident (describe fully)

Property Damaged (describe fully, including photographs)

Do you have Insurance to cover this loss: ☐ Yes ☐ No

Did you file a claim with your Insurance company regarding this loss? ☐ Yes ☐ No

Name of Insurance company:____________________ Policy Number:_______________ Effective Dates: __________ to __________

Estimated Damages: (describe fully)

Witnesses Names and Addresses

1. ______________________________
2. ______________________________
3. ______________________________

IF ANYONE WAS INJURED, FILL IN BELOW

Name of Injured Party:____________________ Address:____________________

Name of Injuries:______________________________

Attending Doctor's Name:______________________________

If Treated at Hospital, Give Name and Address: ______________________________

Occupation:____________________ Employer's Name and Address:____________________

Time lost from work? ☐ Yes ☐ No Specify Dates:____________________ Salary: Wkly:__________ Hrly: $__________

Was Incident Reported?: ☐ Yes ☐ No To Whom?:____________________ When:____________________

I do solemnly swear and affirm under penalty or perjury that the above representations are true and correct to the best or my knowledge. I understand that false statements constitute fraud and will be referred to the State's Attorney for prosecution. I further swear and affirm that I have not been indemnified by an Insurance company for the loss (es) that I now claim.

Claimant's Signature:______________________________ Dated:____________________

Please Print, Complete, and Mail to Above Bureau

MAYOR AND CITY COUNCIL OF BALTIMORE

PROPERTY EVALUATION FORM

DEPARTMENT OF LAW
CENTRAL BUREAU OF INVESTIGATION (CBI)
7 E. Redwood Street, 6th Floor, Baltimore MD 21202
410-396-3400 / 410-396-3308

ITEM	COST	AGE

*Please provide any estimates that you have. Failure to do so may delay processing.