

INSTRUCTIONS FOR NOTICE OF CLAIM FORM

Please fill out the form completely with all necessary information, so that our adjuster can expedite your claim. The form needs to be **signed and dated** at the bottom. Unsigned forms will be returned. Attach copies of estimates, bills for repair or other information as needed.

Please return the completed form to:

Mail: City and Borough of Juneau – Risk Management
155 Heritage Way
Juneau, AK 99801

Email: risk.management@juneau.gov

Fax: 907-586-4502

Or drop it off at our office at 155 Heritage Way , City Hall. Depending on the type of claim, we will either evaluate the claim in-house or forward to our adjusting company for review and investigation. How long it will take to adjust the claim and finalize a decision will depend on the complexity and nature of the accident/incident.

If you have any questions, please contact us at 907-586-5250.

Thank you,
Risk Management



NOTICE OF CLAIM

I, the undersigned, do hereby submit, under oath to the City and Borough of Juneau, Alaska, this Notice of Claim for damages to my person or property. I do hereby intend to hold the CBJ liable for such damages claimed herein.			
I. PERSON OR PERSONS MAKING CLAIM			
Name		Telephone	
Home Address zip		Mailing Address zip	
Email Address			
II. DATE, TIME, PLACE OF INJURY OR DAMAGE			
Date (Mo., Day, Year)		Time (AM or PM) Place/Location	
III. PROPERTY INVOLVED			
Description		If Vehicle (Year, Make, Model and License No.)	
IV. DEPARTMENT INVOLVED (if known)			
Department (and/or vehicle number)		Municipal Employee	
V. INJURED PERSON/PERSONS (Use attachment if additional space is necessary)			
1) Name		Age	
2) Name		Age	
Address		Telephone	
Address		Telephone	
Occupation		Employed By	
Occupation		Employed By	
Person's location when injured		Person's location when injured	
Person's activity when injured		Person's activity when injured	
How did injury occur?		How did injury occur?	
VI. AMOUNT CLAIMED (Please attach an estimate or itemization of the damages claimed) \$			
VII. DESCRIPTION (Nature and extent of injury or damages. Please describe in detail)			
VIII. MANNER OF OCCURRENCE OF INJURY OR DAMAGES (Please explain in detail what happened and why you believe the CBJ is liable.) Use attachment if additional space is needed.			
VII. WITNESSES (Include automobile passengers, Police, Doctors and all others having information concerning the claim) Use attachment if additional space is needed.			
Name of Witness		Address	
1)		Telephone	
2)			
SIGNATURE OF COMPLAINANT REQUIRED			Date Prepared

Any person who, knowingly and with intent to deceive, submits a claim containing a false or deceptive statement may be found guilty of fraud.