

Notice of Claim Form



Canada's Tournament Capital

Please attach additional pages if you require more space.

CLAIMANT INFORMATION

Full Name:	Phone:	Email:
Mailing Address:	City:	Postal Code:
Is the claimant under 19 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		

INCIDENT INFORMATION

Please indicate the type(s) of damage or injury

☐ Bodily injury ☐ Property damage ☐ Vehicle damage ☐ Other _____

Have you made a claim with your insurance company?

☐ Yes ☐ No

If yes: Insurance Company _____ Claim No. _____

Date of Incident (MM/DD/YY):

Time of Incident:

Location of Incident (attach map, photographs, or diagram if needed):

Did any emergency personnel attend, such as paramedics, police, or fire? ☐ Yes ☐ No

If available please provide name(s), contact information, and/or file number(s):

Were there any witnesses? If yes, witness names and contact information may be requested later. ☐ Yes ☐ No

Estimated cost of claim (attach estimates, invoices, and receipts)

Describe the incident and the resulting injuries or damages you have suffered:

Please sign on the next page.



INCIDENT INFORMATION (CONTINUED)

Explain why you feel the City of Kamloops is liable for your injury or damage:

Would you like to provide any additional information?

IMPORTANT

I understand that:

1. The *Local Government Act*, section 736(1), states that a municipality or regional district is in no case liable for damages unless notice in writing, setting out the time, place and manner in which the damage has been sustained, is delivered to the municipality or regional district, as applicable, within two months from the date on which the damage was sustained.
2. The information provided on this form, and any further correspondence with the City about this claim, is for the purpose of managing claims against the City. Personal information is collected, used, disclosed, and retained by the City under the authority of the *Freedom of Information and Protection of Privacy Act*, RSBC, 1996, c. 165 ("the Act"). I understand that by signing this form, I am consenting to the City disclosing my personal information (contact information and copy of claim form and supporting documents), in accordance with Section 33 and 33.1 of the Act, to a City service provider or other relevant organization in cases where the City determines a service provider's or organization's activities may have resulted in or contributed to your claim or for purposes related to legal proceedings. I understand that my personal information may be disclosed inside or outside of Canada, within two years from the incident date, and that the disclosure is for the purpose of following up with my claim. Questions about the collection, use, disclosure, or retention of the information provided may be made to the City of Kamloops Privacy Officer at foi@kamloops.ca.
3. The City's receipt of a Notice of Claim does not mean the City accepts liability for any damage or loss incurred by the claimant.

Sign, date, and print the completed Notice of Claim Form and supporting documentation. Email it to the attention of the Corporate Officer at riskmanagement@kamloops.ca, or mail/hand deliver to City of Kamloops, attention Risk Management (Corporate Officer), 7 Victoria Street West, Kamloops, BC, V2C 1A2.

Name

Signature

Date (MM/DD/YY)