



CITY OF WEST KELOWNA NOTICE OF CLAIM

Dear Resident:

Here is some information to help you if you are making a claim against the City of West Kelowna. Our Risk Management department will handle this claim.

It is your responsibility to report any loss or damage to your own insurer (home or auto insurer) and to take whatever action you deem necessary to preserve and protect your property from further damage, loss or personal injury.

Information to make a claim against the City of West Kelowna:

Please note: There is a statutory deadline of two calendar months from the date of the incident or when you first became aware of the incident to submit the Notice of Claim in writing to the City

Claimant(s) Information:

Legal Name: _____

Mailing Address: _____

E-mail Address: _____

Phone Number: _____

Alternate phone number(s) _____

Incident Details

Date and Time of Incident: _____, 20____ at _____ am / pm

Location of Incident: _____

Nature of the Incident: (what happened; how it happened; who was contacted; include any other details you feel are important)

Personal information is collected for the purposes of *Part 18, Division 1* under the *Local Government Act* and will only be used by Legal Services Department staff to share with MIABC, the City's claim insurer. The City is collecting this information under sections 26(a) and (c) of the Freedom of Information and Protection of Privacy Act. Questions regarding the collection of personal information may be directed to the Legislative Services Department at legislative.services@westkelownacity.ca or 778-797-2250.

Reason why you think City of West Kelowna is responsible:

Estimated dollar value of the claim _____

Any additional information to support claim

Additional support for claim:

If the event is serious or unique in nature or circumstance, photographs/drawings should be taken of the damage as soon as possible before cleanup and/or changes to the scene of the incident. Any further documentation to back up claim can be attached/emailed with this form.

Signature: _____ Date: _____

E-mail: riskmanagement@westkelownacity.ca

OR

Mail to:

City of West Kelowna

Attention: Claims/Risk Management

3731 Old Okanagan Highway

West Kelowna, BC

V4T 0G7

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