



Legal Services
 Town of Innisfil
 2101 Innisfil Beach Road
 Innisfil, ON L9S 1A1
 Tel: (705) 436-3710
 Fax: (705) 436-7120
 www.innisfil.ca



PROPERTY DAMAGE & PERSONAL INJURY CLAIM FORM (OTHER THAN VEHICLE)

By accepting this form, the Corporation of the Town of Innisfil and InnServices Utilities Inc. (collectively the “Town”) do not accept liability.

Public Inquiry Case #

Assigned Damage Claim #

INSTRUCTIONS TO CLAIMANT:

If you experience damage to your property or sustain a personal injury, you are required to complete the following steps:

- **Step #1** – Confirm that your damage/personal injury is within the Town’s jurisdiction [Road Jurisdictions - Town of Innisfil](#).
- **Step #2** – Report the claim to your insurance company. Your insurer will review/process your claim and then collect from the Town, if we are legally at fault.

Do you have any insurance or warranty of any type under which such Damage may be recoverable?

YES		NO	
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If **YES**, did you contact your insurance company prior to submitting this Claim?

YES		NO	
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If **NO**, please explain why not?

While investigating your complaint, in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA), the Corporation of the Town of Innisfil (the “Town”) will only disclose your personal information to staff and service providers who require the information to perform the investigation. Your personal information will not be shared with anyone else unless you provide written consent for such sharing or where the Town is compelled by law to do so. If you have any questions about the collection, use or disclosure, contact the Records Coordinator from Clerks Services at the Town of Innisfil.



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- **Step #3** – Complete this Property Damage & Personal Injury Claim Inquiry Form and submit it together with all supporting documentation to our Customer Service Department **within 10 days** from the date of the incident. Customer Service will then log the damage claim into our tracking system, assign it a damage claim number and forward it to our Legal Services Department. Legal Services will conduct a fair and impartial investigation of liability on a without prejudice basis and respond within 90 days of receiving your claim. However, your claim may be assigned to a claims and risk analyst or the Town’s insurer for handling.

Personal Information:

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Current Address:	<input type="text"/>		
City/Province:	<input type="text"/>	Postal Code:	<input type="text"/>
Home Phone:	<input type="text"/>	Business Phone:	<input type="text"/>
Cell Phone:	<input type="text"/>	Email Address:	<input type="text"/>

Incident Location Information:

Incident Date:	MM	<input type="text"/>	DD	<input type="text"/>	YYYY	<input type="text"/>	Incident Time:	<input type="text"/>	<input type="text"/>	a.m./p.m.
Precise location description (street address or landmark):	<input type="text"/>									

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Description of damage/personal injury:

Reason for damage to property/personal injury (*provide a brief explanation of how the damage/injury occurred*):

Did the police attend the scene?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If YES, please provide the Police Report #:	<input type="text"/>
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Schedule of Loss:

<p>Summary of Repair or Replacement Cost <i>(include all supporting photos, copies of invoices, receipts or estimates for repairs)</i></p>	<p>Total Amount Claimed (please provide breakdown)</p>
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I swear or affirm that the above information is true and correct to the best of my knowledge, information, and belief.

I understand that fraudulent claims cost all taxpayers and, for this reason, all fraudulent claims will be prosecuted to the full extent of the law.

I acknowledge that the Town's receipt and acknowledgement of this Form does not constitute acceptance of liability for any damage or loss sustained.

Date: _____

Name: _____

Signature: _____

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