

CLAIMS PROCEDURE

This is an explanation of the claims procedures and a claim form for you to complete and return if you wish to file a claim.

1. Complete the attached claim form, including all details related to the alleged incident. You may use additional stationery to explain in greater detail, if necessary.
2. If property damage is claimed, please provide a picture along with two (2) estimates from reputable business firms that perform such repair work. If personal injury is claimed, please submit copies of all incurred medical expenses to date.
3. If reimbursement of towing/storage charges is claimed due to the theft of a vehicle, please provide a copy of the insurance policy that lists the type of coverage, or a letter from the insurance company to verify policy information, and a copy of the Stolen Vehicle Report taken by a law enforcement agency.
4. Please list a phone number where you can be reached Monday through Friday between the hours of 8:30 – 4:30 p.m., in case additional information is needed to process your claim.

After the necessary information is received, an investigation of the claim will be undertaken. In most cases, within four weeks of receipt of your claim, you will be notified of the results of our investigation. Please return the attached claim form to:

Metro Risk Management Division
Attn: Claims Processing Assistant
611 West Jefferson Street
Louisville, KY 40202
(502) 574-3404 Fax: (502) 574-3932
Email: RiskMgmtDivision@louisvilleky.gov

The Louisville/Jefferson County Metro Government reserves the right to deny any claim based on its facts and any applicable law.

CLAIM FORM

For Office Use Only

Metro Call#: _____

Claim#: _____

RETURN TO: METRO RISK MANAGEMENT DIVISION
ATTN: CLAIMS PROCESSING ASSISTANT
611 WEST JEFFERSON STREET
LOUISVILLE, KY 40202
Phone: (502) 574-3404 Fax: (502) 574-3932
Email: RiskMgmtDivision@louisvilleky.gov

CLAIMANTS NAME: _____

ADDRESS: _____
(STREET) (CITY/STATE) (ZIP)

TELEPHONE NUMBER YOU CAN BE REACHED AT BETWEEN 8:30 – 4:30 _____

DATE AND TIME OF ACCIDENT/ INCIDENT/ TOW-IN: _____

LOCATION WHERE INCIDENT OCCURRED: _____

Note: For road or sidewalk related claims; if possible, please submit a photograph of the area where the incident occurred or be as specific as possible. Include the direction of travel, nearest intersection, abutting street number or building description, so we may investigate the specific location.

DESCRIPTION OF INCIDENT: _____

AMOUNT OF CLAIM: _____

WITNESSES:

1) Name:	2) Name:
Address:	Address:
Phone:	Phone:

IF AUTO CLAIM, COMPLETE BELOW:

Make and Model of Vehicle Damaged	Other Vehicle Involved
License Plate Number:	Driver:
Serial/Identification Number:	License Plate Number:
Police Report (Local Code) Number:	Vehicle Description (Make & Model/Id Number):

CLAIMANTS SIGNATURE

DATE