



FORM 1
Town of Truro
INCIDENT REPORT/CLAIM FOR DAMAGES

TO: Claims
Town of Truro
695 Prince Street
Truro, NS B2N 1G5

EMAIL: claims@truro.ca
FAX: 902-893-6091

- I wish to report an incident, OR
 I wish to submit a claim for damages by filing this form with the Town of Truro.

NAME: Mr. Mrs. Ms. Miss _____

ADDRESS: _____

_____ **TELEPHONE:** _____
City Province Postal Code Home

_____ **EMAIL:** _____
Business Cell

Date of Incident: _____ **Time of Incident:** _____ **AM/PM**

LOCATION: _____

Description of Injury/Damage: _____

First Aid Given: YES NO **Ambulance Called:** YES NO

DETAILS: Please provide **SPECIFIC** information regarding incident. (Use separate sheet, if required)

ATTACHMENTS:(receipts,photographs,etc.) YES NO FORTHCOMING

OTHER DETAILS: Medical Conditions: _____

Weather Conditions: _____ **Your Footwear:** _____

SIGNATURE: _____ **DATE:** _____

Witness 1: _____ **Witness 2:** _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

NOTE: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Please allow four weeks after the claim has been received for it to be reviewed and assessed and our claims department will be in contact with you.

The personal information on this form is collected under the authority of the Municipal Government Act. The information is used solely for the purpose of processing the Personal Injury/Property Damage Claim and may be supplied to the Town of Truro's Insurance Adjuster.

PUBLIC WORKS OFFICE NOTATION: Date Received: _____
