



Clerk's Department
 Town of Wasaga Beach
 30 Lewis Street
 Wasaga Beach, ON L9Z 1A1 Tel:
 (705) 429-3844 ext. 2224
 Fax: (705) 429-6732
www.wasagabeach.com

VEHICLE DAMAGE CLAIM FORM

By accepting this form, the Corporation of the Town of Wasaga Beach (the "Town") does not accept liability.

Public Inquiry Case #

Assigned Damage Claim #

INSTRUCTIONS TO CLAIMANT:

If you experience damage to your vehicle, you are required to complete the following steps:

- **Step #1** - Confirm that your damage is within the Town's jurisdiction.
- **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	
If YES , did you contact your insurance company prior to submitting this Claim?	YES		NO	
If NO , please explain why not?				

The personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56 for the purpose of investigating the claim. The Corporation of the Town of Wasaga Beach (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 FOI Office of the Clerks Department at the Town of Wasaga Beach at 30 Lewis Street, Wasaga Beach L9Z 1A1, Phone 705-429-3844



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- **Step #3** – Complete this Vehicle Damage Claim Form and submit it together with all supporting documentation to our Clerk's Department **within 10 days** from the date of the incident. Staff will then log the damage claim into our tracking system and begin the formal review process.

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"/>	a.m./p.m.
Road Name:	<input type="text"/>								
Nearest Intersection:	<input type="text"/>								

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Precise
 Location/Street
 Address or Landmark:

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Damage to Vehicle Information:

Description of damage to vehicle:

--

Year/Make/Model/Kms on vehicle:

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Reason for damage to vehicle (*check all that apply and provide explanation*):

Pothole	
Debris on road	
Winter maintenance	
Construction	
Other (<i>please explain</i>)	

Did the police attend the scene?

YES

NO

If YES, please indicate the Report #:

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

YES

NO

If **YES**, did you contact your insurance company prior to submitting this Claim?

YES

NO

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

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Schedule of Loss:

Summary of Repair or Replacement Cost <i>(include all supporting photos, copies of invoices, receipts or estimates for repairs)</i>	Total Amount Claimed

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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