

FILING A CLAIM FOR DAMAGES AGAINST THE CITY OF NEWPORT BEACH

Fill out the attached claim form. Please give all available information, including copies of any receipts, estimates, etc. Please make sure that the claimant's full name, any parties involved, the date and the location of the occurrence are included on the claim form.

Please return the completed claim form and attachments to:

City Clerk
City of Newport Beach
100 Civic Center Drive
Newport Beach, CA 92660

Notice is hereby given that, subject to certain exceptions, **you have only six (6) months from the rejection date to file a court action on your claim (Government Code §945.6). You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney you should do so immediately.** If you have any questions about your claim or the action taken by the City, please contact Risk Management at (949) 644-3131.

CITY OF NEWPORT BEACH
GENERAL LIABILITY CLAIM INSTRUCTIONS

The following procedures must be completed in order for your claim to be fully considered and processed:

1. Must complete the claim form in its entirety and it must be signed by the person making the claim. **Claims submitted incomplete and without a signature must be returned as insufficient and result in a delay in the determination of your claim.**
2. It is the responsibility of the person making the claim to provide the City's claim administrator (AdminSure, Inc.) with the proper documentation of damages. **Failure to submit the required documentation will result in a delay in the determination of your claim.**
3. Within 7 to 10 business days of submittal of your claim to the City Clerk's office, you will be contacted by the claims administrator, **AdminSure Inc., 3380 Shelby Street, Ontario, CA 91764-5566, Phone: (909) 493-3378, Fax Number: (909)-860-3995**



CLAIM AGAINST THE CITY OF NEWPORT BEACH

(FOR DAMAGES TO PERSONS OR PERSONAL PROPERTY ALLOWABLE UNDER THE CALIFORNIA GOVERNMENT CODE – TORT CLAIM ACT)

CLERK'S DATE & TIME STAMP

Received by _____ via
U.S. Mail
Inter-Office Mail
Counter (FAX Not Accepted)

A claim must be filed with the City Clerk of the City of Newport Beach within 6 months after which the incident or event occurred. Be sure your claim is against The City of Newport Beach, not another public entity. Where space is insufficient, please use additional paper and identify information by paragraph number. Complete claims must be mailed or delivered to: The City Clerk, City of Newport Beach, City Hall 100 Civic Center Drive, Newport Beach, CA 92660. Type or print in blue or black ink (no pencil). This document is a public record and may be posted on the internet.

TO THE HONORABLE MAYOR AND CITY COUNCIL, The City of Newport Beach, California

The undersigned respectfully submits the following claim and information relative to damage to persons and/or personal property:

1. **NAME OF CLAIMANT:** _____
- a. **ADDRESS OF CLAIMANT:** _____
STREET ADDRESS
CITY, STATE
ZIP CODE
- b. **PHONE NO.:** _____ c. **DATE OF BIRTH:** _____
- d. **DRIVER'S LIC. NO.:** _____

Mailing Address:

2. Name, telephone and post office address to which claimant desires notices to be sent if other than above:

3. Occurrence or event from which the claim arises:
 a. **DATE:** _____ b. **TIME:** _____ c. **PLACE** (exact and specific location):

- d. How and under what circumstances did damage or injury occur? Specify the particular occurrence, event, act or omission you claim caused the injury or damage (use additional paper if necessary):

- e. Names and addresses of all witnesses to this incident: _____

- f. What particular action by the City, or its employees, caused the alleged damage or injury? _____

g. Names of City employees involved: _____

h. Give the names of any other party or parties involved in causing the alleged injury and/or damage: _____

4. Give a description of the injury, property damage or loss, so far as is known at the time of this claim. If there were no injuries, state "no injuries."

5. Name and address of any other person injured for which you are the parent or legal guardian: _____

6. Name and address of the owner of any damaged property: _____

7. The amount of damages you are requesting to resolve your claim: _____
a. Amount claimed as of this date: \$ _____
b. Estimated amount of future costs: \$ _____
c. Total amount claimed: \$ _____
d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.):

8. Names and addresses of all hospitals, doctors, medical providers (physical therapy), etc. _____
a. _____
b. _____
c. _____
d. _____

9. Any additional information that might be helpful in considering your claim: _____

*** FAILURE TO PROVIDE ANY OF THE ABOVE INFORMATION MAY RESULT IN THE RETURN OF YOUR CLAIM FOR INSUFFICIENCY AND MAY UNNECESSARILY DELAY THE CITY'S PROMPT RESPONSE TO YOUR CLAIM.**

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (Penal Code §72; Insurance Code §556.1)

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this _____ day of _____, _____ at _____

Office of the City Clerk
Newport Beach, California

CLAIMANT'S SIGNATURE