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CHICAGO PARK DISTRICT VEHICLE DAMAGE – CLAIM FORM

					CPD use only:	
CLAIMANT'S INFORMATION – VEHICLE OWNER OF RECORD						
LAST NAME:		FIRST NAME:		MIDDLE NAME:		
ADDRESS:						APT NO.
CITY:		STATE:	ZIP CODE:	TELEPHONE NUMBER (DAY/EVENING):		
HAVE YOU HAD REPAIRS DONE?		LICENSE PLATE NO.	STATE ISSUED:	VEHICLE MAKE:	VEHICLE MODEL:	VEHICLE YEAR :
YES	NO					
CLAIMANT'S INSURANCE INFORMATION						
NAME OF INSURANCE COMPANY:		NAME OF AGENT:		TELEPHONE NUMBER:		
NAME OF POLICY HOLDER:		POLICY NUMBER:		POLICY PERIOD:		
				FROM:	TO:	
HAVE YOU SUBMITTED A CLAIM?	YES	NO	HAVE YOU RECEIVED AN INSURANCE PAYMENT?	YES	NO	IF YES, AMOUNT RECEIVED FROM INSURANCE CARRIER... \$
INCIDENT INFORMATION						
DATE OF INCIDENT:	TIME OF INCIDENT:	LOCATION OF ACCIDENT (ADDRESS/INTERSECTION):				
WERE THERE WITNESSES?	YES	NO	WAS THERE A POLICE REPORT FILED?	YES	NO	REPORT NO.:
NAME OF WITNESS:		ADDRESS:		TELEPHONE NUMBER:		
NAME OF CHICAGO PARK DISTRICT DRIVER:		VEHICLE LICENSE NUMBER:		DEPARTMENT FOR WHICH DRIVER WORKS:		
DESCRIPTION OF INCIDENT						
SIGNATURE OF CLAIMANT						
THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FAILURE TO PROVIDE A COMPLETED CLAIM FORM AND SUPPORTING DOCUMENTATION (PHOTOS, ESTIMATES, PAID BILLS, RECEIPTS, ETC..) MAY RESULT IN THE DELAY AND/OR DENIAL OF MY CLAIM. I FURTHER ACKNOWLEDGE THAT SUBMISSION OF CLAIM FORM DOES NOT CONSTITUTE APPROVAL OF CLAIM.						
PHOTOS ATTACHED	YES	NO	WHAT IS THE TOTAL AMOUNT OF YOUR CLAIM...?		\$	
THREE ESTIMATES ATTACHED (ITEMIZED)	YES	NO	CLAIMANT SIGNATURE		DATE	
PAID BILLS ATTACHED	YES	NO				