

BICYCLE LIABILITY PROPERTY DAMAGE/PERSONAL INJURY CLAIM FORM

* Indicates a required field

Claimant Information:

Claimant Name: * _____

Street Address: * _____

City/State/Zip Code: * _____

Telephone Number: _____ (Home)

_____ (Work)

_____ (Mobile)

Injured Person Information:

Name of injured person if different from claimant: _____

Street Address: _____

City/State/Zip Code: _____

Telephone Number: _____ (Home)

_____ (Work)

_____ (Mobile)

General Claim Information:

Date and Time of Incident: * _____ (Date)

* _____ (Time)

Street Address of Incident: * _____

City/State of Incident: * _____

Describe in Detail How Incident Occurred: _____

Did the roadway have a designated bike lane: * Yes: ____ No: ____

Were you traveling in the designated bike lane at the time of the incident: * Yes ____ No: ____

Describe injuries (if applicable): * _____

Police Report Number: _____

Insurance Information:

Full Name of Insurance Company: _____

Street Address: _____

City/State/Zip Code: _____

Adjuster Name: _____

Telephone Number: _____

Name of Policy Holder: _____

Policy Number: _____

Policy Period: _____ (Effective Date) _____ (Expiration Date)

Claim Number: _____

Claimant Bicycle Information:

Year/Make/Model of Bicycle involved: _____

City Vehicle Information:

Name of City Driver: _____

City Vehicle License Plate Number: _____

City Department Involved: _____

Witness Information:

Name of Witness to Incident: _____

Street Address: _____

City/State/Zip Code: _____

Telephone Number: _____ (Home)

_____ (Work)

_____ (Mobile)

Additional Information:

Comments: _____

Two Written Estimates Attached (Cost to Repair): Yes _____ No _____

Paid Bill Attached: Yes _____ No _____

Signature Information:

Under penalties as provided by law pursuant to Section 1 – 109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct. *

Preparer's Name: * _____

Claimant Signature: * _____

Date: * _____

Preparer Signature: _____

Date: _____

City of Chicago Claims Unit

2 N. LaSalle Street, Suite 350

Chicago, IL 60602

(312) 744-5650 (Phone)

(312) 744-5449 (Facsimile)

cityofchicagoclaims@ccmsi.com (Email)

<http://www.cityofchicago.org/city/en/depts/dol/provdrs/claims.html>