



County of Henrico, Department of Finance, Risk Management Division

NOTICE OF CLAIM

Furnishing this form to you is for your convenience and is not an acknowledgement of liability or waiver of rights by the County of Henrico. Omitting facts delay adjusting of the claim, so please complete fully. Please attach any additional documentation to support your claim and return to the Risk Management Division with this form. Should you have any questions, please contact the Risk Management Division by phone at **804-501-5661** or by email at rmmail@henrico.gov.

CLAIMANT INFORMATION

Person or Firm making claim (full name): _____
Mailing Address: _____
Home or Cell Phone: _____ Work Phone: _____ Email: _____

INCIDENT INFORMATION

Type of Claim being made (check all that apply):
 AUTOMOBILE DAMAGE PROPERTY DAMAGE INJURY OTHER

Date of Incident/Loss: _____ Time of Incident/Loss: _____ AM PM
Location of Incident/Loss: _____
Dollar amount of damages claimed (if known): _____
Police Report Number: _____ Investigating Officer: _____
Was the County previously notified? YES NO
If yes, to whom: _____ Date of Notification: _____

DESCRIPTION OF INCIDENT

Please describe the incident to the best of your knowledge.

WITNESS INFORMATION

Please list any witnesses including Name and Phone Number.

AUTOMOBILE INFORMATION (Complete only if "Automobile Damage" was checked)

Year, Make, and Model: _____ License Plate: _____
Description of Damage: _____
Registered Vehicle Owner(s) Name: _____
Owner's Phone Number: _____ Owner's Address: _____
Is the vehicle insured? YES NO
Name of Insurance Company: _____
Phone Number: _____ Policy Number: _____
Has a claim been filed with the vehicle owner's insurance company? YES NO
Claim Number: _____ Adjuster's Name: _____

PROPERTY INFORMATION (Complete only if "Property Damage" was checked, excludes Automobile Damage)

Description of Damage: _____
Owner(s) Name: _____
Owner's Phone Number: _____ Owner's Address: _____
Is the property insured? YES NO
Name of Insurance Company: _____
Phone Number: _____ Policy Number: _____
Has a claim been filed with the owner's insurance company? YES NO
Claim Number: _____ Adjuster's Name: _____

INJURY INFORMATION (Complete only if "Injury" was checked)

Name of Injured Person: _____
Nature of Injuries: _____
Was the Injured Person treated at the time of the incident? YES NO

THIS FORM MUST BE SIGNED AND DATED TO PROCESS CLAIM

SIGNATURE

Signature _____ Date _____

PLEASE SUBMIT THIS FORM AND ANY RELATED DOCUMENTS TO RISK MANAGEMENT

Mail:

County of Henrico, Risk Management Division
PO Box 90775
Henrico, VA 23273

Fax:

804-501-5663

Email:

rmmail@henrico.gov