



County of Henrico
Department of Finance, Risk Management Division
NOTICE OF CLAIM BY CITIZEN

*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.us.*

CITIZEN INFORMATION

Person or Firm making claim (full name): _____

Mailing Address: _____
Street City State ZIP

Home or Cell Phone: _____ Work Phone: _____ Email: _____

INCIDENT INFORMATION

Type of Claim being made (please check all appropriate boxes):

Automobile Damage

Property Damage

Injury

Other

Date of Incident/Loss: _____ Time of Incident/Loss: _____ AM PM

Location of Incident/Loss: _____

Describe how the Incident/Loss Occurred: _____

DOLLAR AMOUNT OF DAMAGES CLAIMED: \$ _____

Police Report Number: _____ Investigating Officer: _____

Was the County previously notified? Yes No

If yes, to whom? _____ Date of Notification? _____

WITNESS INFORMATION (If applicable))

Please list any witnesses including Name and Phone Number.

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

Registered Owner: Please list any registered owner(s) of the vehicle including Name, Mailing Address, and Phone Number

Year: _____ **Make:** _____ **Model:** _____ **License Plate:** _____

Description of Damage: _____

Is the vehicle insured? Yes _____ No _____

Name of Insurance Company: _____

Phone Number of Insurance Company: _____ **Policy Number:** _____

Has a Claim Been Filed? Yes _____ No _____

Claim Number: _____ **Adjuster's Name:** _____

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

Description of Damage: _____

Is the property insured? Yes _____ No _____

Name of Insurance Company: _____

Phone Number of Insurance Company: _____ **Policy Number:** _____

Has a Claim Been Filed? 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 _____

SIGNATURE

THIS FORM MUST BE SIGNED AND DATED TO PROCESS CLAIM



Signature _____

Date _____

PLEASE SUBMIT DOCUMENTS TO RISK MANAGEMENT BY MAIL, FAX, EMAIL, OR IN PERSON

Mail:

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

Fax:

804-501-5663

Email:

rmmail@henrico.us