



Vehicle, Injury or Property Damage Report Form

Notice of a claim should be submitted to the Town within 10 days of the incident. A 2 year limitation period to submit a claim will apply as per Section 4 the Limitations Act, 2002 S.O. 2002, Chapter 24, Schedule B. Completing and submitting this form to the Town is the equivalent of submitting your claim in writing. The electronic submission of this Form is not an admission of liability or waiver of rights by the Town.

Claimant Information		
First Name or Single Name	Last Name	
Address (include unit number, if applicable)		
City/Town	Province	Postal Code
Home Phone Number	Cell Phone Number	
Email Address		
The best way to contact the Claimant (check any that apply)		
<input type="checkbox"/> Email	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Cell Phone <input type="checkbox"/> Mail
Representative Contact Information (if different from Claimant)		
First Name or Single Name	Last Name	
Business Name (if applicable)		
Address (include unit number, if applicable)		
City/Town	Province	Postal Code
Home Phone Number or Office Phone Number	Cell Phone Number	
Email Address		
Relationship to Claimant		
The best way to contact the Representative (check any that apply)		
<input type="checkbox"/> Email	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Cell Phone <input type="checkbox"/> Mail

Complete the below information and provide as much detail as possible in relation to the incident

Incident Details	
Date (YYYY/MM/DD)	Time (or approximate time)
Location (include address, if known, or approximate location)	
Closest intersection or point of reference	
Town facility, if applicable	
Name of contractor involved, if known and applicable	
Provide a description of the incident (explain what happened)	

Personal Injuries related to the incident, if applicable	
Did the Claimant sustain any injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No	If injuries were sustained, what were the nature of the injuries?
Did the Claimant receive medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when (YYYY/MM/DD)
Where was medical attention received? (e.g., family doctor, hospital)	
Has the Claimant returned to normal activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, state the Claimant's limitations

Property or Vehicle Damage related to the incident, if applicable			
Was there damage to your property or vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	If there was damage to your property or vehicle, have you reported the damages to your personal insurance provider (i.e., home, auto, commercial)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If there was damage to your property or vehicle, provide a brief description of the damages.			
Do you have any invoices, estimates or pictures to relating to the property or vehicle damage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, submit copies of with this form.			
If the damage was to your vehicle, provide the following in relation to the vehicle			
Make	Model	Year	Licence Plate

Notice regarding supporting documentation

If applicable, provide photographs or videos of the location where the incident occurred.

Include all estimates and invoices that relate to your claim. Ensure to make copies of all documentation submitted, as it will not be returned to you.

Witness Information, if applicable		
First Name or Single Name	Last Name	
Address (include unit number, if applicable)		
City/Town	Province	Postal Code
Home Phone Number	Cell Phone Number	
Email Address		
Complete the below if York Regional Police was called or involved in the incident, if applicable		
Officer's Name	Officer's Badge Number	Police Occurrence Number

Notice of Collection of Personal Information

Personal information on this form is collected under the authority of the Municipal Act 2001, C. 25 and will be used to process your claim with the Town of Newmarket. This information may be shared with the Town's third party contractors including insurance adjuster or legal representative. Only for the purposes of processing your claim. Please direct any questions about the collection of this information to the Claims and Risk Analyst 395 Mulock Drive, Newmarket, ON L3X 4X7 or by phone at 905-895-5193.

Statement of Acknowledgement

- By checking this box, you are acknowledging and confirming that the information provided is true and correct to the best of my knowledge. You authorize the Town of Newmarket to use the information in this form to process and assess this claim. Information contained in this form will be used by authorized Town staff for the above purposes, and may be shared with the Town's insurance provider or any other party as required by law.

Submit this completed form along with any copies of supporting documentation to info@newmarket.ca