



HOW TO FILE A CLAIM WITH THE CITY OF VERNON

- If you have suffered a loss for which you believe the City may be responsible, you must follow the process outlined below for the City to consider your claim.
- As per the Local Government Act, your claim must be submitted in writing, setting out the time, place and manner in which the damage was sustained **within two months** from the date of incident.
- Payment in respect of property damage or bodily injury is contingent upon the City being found legally liable.

Claim File Process:

- The Notice of Claim must contain, as a minimum, the following information:
 - Name
 - Mailing Address
 - Phone number(s)
 - Date and approximate time of the claim
 - Location (address or closest intersection)
 - Detailed description of the incident
 - Names of Witnesses, City employees, Contractors - if applicable
 - Damages suffered (copies of invoices or estimates)

Note: For assistance, please use the attached Notice of Claim form.

- Submit your claim to the City as follows:

ATTN: RISK MANAGEMENT FINANCE DEPARTMENT
THE CORPORATION OF THE CITY OF VERNON
3400 – 30TH STREET, VERNON, B.C. V1T 5E6
PHONE: 250-545-1361
FAX: 250-545-7876

- The City does not adjudicate the claim – it will be forwarded to the City’s insurance provider to determine if the City is legally liable.
- In most cases, a claims adjuster will be assigned to investigate the claim. Each claim will be examined individually and judged on its own merits.
- Please note that Section 288 of the Local Government Act entitled “Immunity Against Certain Nuisance Actions” states: “A Municipality, Counsel, Regional District, Board or Improvement District, is not liable in any action based on nuisance or on the rule in Ryland’s v. Fletcher case if the damages arise, directly or indirectly, out of the breakdown or malfunction of:
 - (a) a sewer system
 - (b) a water or drainage facility or system, or
 - (c) a dyke or road
- Response times vary depending on the circumstances of the claim. Usually, a response will be forwarded within 4 weeks, but there are times when the response time may be longer.
- **The insurance company’s decision is final.**

If you have any further questions about the claims process, contact Risk Management at (250) 545-1361.



NOTICE OF CLAIM AGAINST THE CITY OF VERNON

DATE: _____

TO: ATTN: RISK MANAGEMENT
FINANCE DEPARTMENT
THE CORPORATION OF THE CITY OF VERNON
3400 – 30TH STREET, VERNON, B.C. V1T 5E6
PHONE: 250-545-1361
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1) NAME OF CLAIMANT: MR/MRS/MS/MISS _____

2) DATE OF BIRTH: **THIS IS REQUIRED ONLY IF THE CLAIM IS FOR BODILY INJURY.** MONTH/DAY/YEAR _____

3) ADDRESS OF CLAIMANT: _____

_____ (POSTAL CODE) _____

4) TELEPHONE: (HOME) _____ (BUSINESS) _____

5) EMAIL ADDRESS: _____

6) DATE OF INCIDENT/ ACCIDENT: MONTH/DAY/YEAR _____

7) TIME OF INCIDENT/ ACCIDENT: _____ AM/PM

8) LOCATION OF INCIDENT/ ACCIDENT:
(ADDRESS OR NEAREST INTERSECTION, DIRECTION OF TRAVEL, ENCLOSE MAP OR DIAGRAM IF NEEDED)

9) DESCRIPTION OF INCIDENT/ ACCIDENT:
(ATTACH ADDITIONAL PAGES IF REQUIRED; INCLUDE PICTURES, IF POSSIBLE.)

10) DID THE DAMAGES OCCUR AS A RESULT OF WORK BEING PERFORMED BY A CONTRACTOR ON BEHALF OF THE CITY? (YES/NO)

THE CORPORATION OF THE CITY OF VERNON
Risk Management Services



11) IF YES, PLEASE PROVIDE NAME OF THE CONTRACTOR AND CONTACT NAME, IF KNOWN:

(NOTE: IF YES, YOUR CLAIM WILL BE FORWARDED TO THE CONTRACTOR.)

12) NAMES AND CONTACT INFORMATION OF WITNESSES, IF APPLICABLE:

13) IS THIS YOUR FIRST REPORT OF THIS INCIDENT TO THE CITY? (YES/NO)

14) IF NO, IDENTIFY THE EMPLOYEE OR DEPARTMENT CONTACTED AND THE DATE OF CONTACT:

EMPLOYEE/DEPT: _____

DATE: MONTH/DAY/YEAR _____

15) STATE WHY YOU FEEL THE CITY SHOULD BE RESPONSIBLE FOR YOUR DAMAGE/INJURY AND WHAT YOU WOULD LIKE THE CITY TO DO.

16) AMOUNT OF CLAIM (ATTACH SUPPORTING DOCUMENTATION): \$ _____

THE INFORMATION PROVIDED HEREIN IS A CORRECT AND ACCURATE STATEMENT AS TO THE DAMAGES INCURRED. I UNDERSTAND THAT FRAUDULENT CLAIMS COST ALL TAXPAYERS, AND FOR THIS REASON, ALL FRAUDULENT CLAIMS WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW.

SIGNATURE OF CLAIMANT: _____

DATE: _____

PLEASE NOTE: THIS STATEMENT IS FOR INFORMATION PURPOSES ONLY AND ITS RECEIPT IN NO WAY INFERS ACCEPTANCE OF ANY RESPONSIBILITY BY THE CITY OF VERNON FOR THE STATED DAMAGES.

PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF SECTION 33(C) OF THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT AND WILL BE USED TO PROCESS CLAIMS AGAINST THE CITY OF VERNON. IT MAY BE DISCLOSED TO THIRD PARTIES TO VERIFY THE INFORMATION RECEIVED. IT IS PROTECTED BY THE PRIVACY PROVISIONS OF THE ACT. IF YOU HAVE ANY QUESTIONS ABOUT THE COLLECTION, USE OR DISCLOSURE, CONTACT THE CORPORATE SERVICES DIVISION @ (250) 550-3524.