



## NOTICE OF CLAIM

- A. Complete a Notice of Claim Form. Your statement of claim should include a thorough description of the incident, the exact location of the road/sidewalk/pothole defect or accident and the time and date.
- B. Include a repair receipt or itemized estimate of damages or injuries. Photos may be included.
- C. Include a Police Report if applicable.
- D. Any additional information you deem necessary (witnesses, motor vehicle info, etc.) may be attached to the claim form.

There is a **thirty day** statute of limitations (M.G.L., Ch. 84) from the date of the defected sidewalk and/or road incidents and a **three year** statute of limitations M.G.L., Ch. 258) from the date of the motor vehicle accident to file a claim relative to the incident.

Claims must be filed **in person** at the Office of the City Clerk, 562 Main St., Melrose, MA, prior to the statute of limitation dates. Your claim will be forwarded to the Insurance Agency. Please understand that the Insurance Agency requires sufficient time to complete the investigation of your claim.

*The Office of the City Clerk has no further involvement in the claims process once the claim has been filed and forwarded to the Insurance Agency. Direct all subsequent questions and concerns to:*

La Rovere Insurance Agency  
492 Broadway  
Everett, MA 02149

617-387-9700

Claim #: \_\_\_\_\_ Amount of Claim: \_\_\_\_\_

City Dept. Affiliated w/Claim: \_\_\_\_\_

## City of Melrose Claim Form

1. Claimant's Name: \_\_\_\_\_

2. Claimant's complete address: \_\_\_\_\_

3. Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_

4. Nature of Claim: (Auto Accident, Slip and fall on Public Way, Pothole, Sewer, Water, etc.)

\_\_\_\_\_

5. Date and Time of Incident: \_\_\_\_\_

6. Exact Location of Incident: \_\_\_\_\_

7. Circumstances of Incident: (Attach additional page if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Have you contacted your Insurance Company? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Attorney/Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Deductible: \_\_\_\_\_

10. Police Incident Report: Yes \_\_\_\_\_ No \_\_\_\_\_ Attached \_\_\_\_\_

11. Repair Receipt/Itemized Estimate: Yes \_\_\_\_\_ No \_\_\_\_\_ Attached \_\_\_\_\_

**I swear that the facts stated above are true to the best of my knowledge.**

Signature of Claimant(s) \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS**