



## TOWN OF RIDGEFIELD

400 Main Street  
Ridgefield, CT 06877

# INSURANCE CLAIM REPORT

Date & Time of Accident:

Today's Date:

Name:

Phone #:

E-mail:

Fax #:

Address:

Were the Police called: YES:      NO:

Report # if known:

Specific Location of Accident:

Description of Accident:

Were there any Injuries? YES:      NO:

If injuries are reported, provide name, address, phone # and nature of injury below

Description of Property Damage:

Repair/Cost Estimate (if available):

Town Department Involved:

Town Employee(s) Involved:

Town Vehicles Involved:

Name, Address, and Phone # of Witness(s):

Signature:

Date:

Return to Safety Department, 400 Main Street, attn David McFate, (203) 431-2720 /  
fax: (203) 431-2722 / [purchasing@ridgefieldct.gov](mailto:purchasing@ridgefieldct.gov)



## **Instructions for filling out Claim Form**

1. Please provide the date the accident or damage occurred. Include time of day if possible.
2. Provide all contact information for the person making the claim. Name, Address and Phone are required. Let us know how you like to be contacted. Give us a work number if that is okay to call you there.
3. Indicate whether the police were called. If needed, the Town will request the report directly from the Police Department.
4. Indicate where the accident or damage occurred. If at your house, what part of your house. Be as specific as possible. If you have just the name of the road, that's okay
5. Describe what happened to cause the damage, including why you feel the Town is at fault. What act or omission on the part of the Town caused or failed to prevent damage? Include any notice that you may have given the Town that a problem was developing. Provide the name and/or title of any town employee you communicated with about the problem prior to the damage actually occurring. Attach additional information as needed.
6. Provide name(s) and contact information for anyone who was injured. Let us know the nature of their injuries, if possible.
7. Provide information on any property that was damaged, including a description of the damages.
8. Provide any repair cost or cost estimates if you have them. You can attach copies of written estimates or invoices. This can also be answered at a later date. We understand you may not have anything yet.
9. Let us know if any Town Employees or Vehicles were involved with the incident. Include any prior communication you may have had with any Town Employee regarding the condition you believe contributed to the accident or damage.
10. Provide names and contact information for any witness that could give us information.
11. Please sign and date.

Return to :  
Town Safety Director :

David McFate  
400 Main Street  
Ridgefield, CT 06877  
203-431-2720 Phone  
203-431-2722 Fax  
[purchasing@ridgefieldct.gov](mailto:purchasing@ridgefieldct.gov)

You may mail, fax, E-mail, or hand deliver your claim. The Safety Director is located in the Finance Department on the second floor of Town Hall at 400 Main Street.

After your claim has been received it will be forwarded to the Town's insurance agent. The Town's agent will in contact the appropriate insurance carriers depending upon the type of claim. The carrier will then assign an agent and perform an investigation and make a determination to pay or not to pay. You are welcome to provide additional information at any time and may rebut the decision if your claim is denied. A letter of explanation will be sent to you for partial payment or denial. Some small claims may be investigated internally.