



CITY OF MANHATTAN BEACH
CLAIM FOR DAMAGES TO PERSON OR PROPERTY

Completed claim form must be delivered or mailed to:

City Clerk's Office
City of Manhattan Beach
1400 Highland Avenue
Manhattan Beach, CA 90266

For Official Use Only

CITY CLAIM NO: _____

RESERVE FOR FILING STAMP

Received via:

U.S. Mail

In Person

INSTRUCTIONS:

1. Claims for death, injury to person, or injury to personal property must be filed **not later than six months** after the occurrence. [Govt. Code § 911.2]
2. Claims for damages to real property must be filed **not later than one year** after the occurrence. [Govt. Code § 911.2]
3. The contents of this claims must comply with the provisions of Government Code Sections 910 and 910.2 or it will be deemed insufficient and rejected and the claims limitations period will continue to run.
4. Attached and sequentially number each additional supporting sheet of paper.
5. Read the entire claim before filing.
6. **YOU MUST SIGN AND DATE THIS CLAIM BEFORE FILING.** If the claim is not signed, the claim will be returned to you and the claims limitations period will continue to run.

CONFORMED COPY:

If you wish to receive a **conformed copy**, you must include an extra copy of the claim and a self-addressed stamped envelope.

QUESTIONS ABOUT YOUR CLAIM:

The City contracts with AdminSure, a third party administrator (TPA), for claims investigation and handling. After your claim is filed with the Clerk's office, the claim is forwarded to AdminSure for further handling. Should you have questions about your claim, please contact AdminSure at:

Claims Administrator
John McCormick
(909) 396-5827

You may also contact the City Clerk's office at (310) 802-5061 or Risk Management at (310) 802-5257 for general information.

1. Claimant Information

Name of Claimant: _____
First Name Middle Name Last Name

Home Address: _____
Street Address City/State Zip Code

Phone Number: _____ Date of Birth: _____

Cell Phone Number: _____ Business Number: _____

Driver's License No.: _____ State Issued: _____ Expiration: _____

Social Security Number (Optional): _____

2. If represented by an attorney, provide attorney information.

Attorney Name: _____

Law Firm Name: _____

Office Address: _____
Street Address City/State Zip Code

Phone Number: _____

3. Name and address to which notices should be sent, if other than above.

Name of Addressee: _____

Mailing Address: _____
Street Address

City/State Zip Code

4. The date, place, and other circumstances of the occurrence or transaction from which the claim arises.

Date of Occurrence: _____ Time of Occurrence: _____

Where did the damage or injury occur? Describe in detail, attach diagram if appropriate.

How did the damage or injury occur?

5. If the claim is for equitable indemnity, please provide the date the claimant was served with the complaint.

Date Complaint Served: _____

6. General description of the indebtedness, obligation, injury, damage or loss incurred so far as you now know. If there were no injuries, state "No Injuries".

7. The name(s) of the public employee(s) or department causing the injury, damage, or loss, if known.

8. **If amount claimed totals less than \$10,000:** Provide the amount claimed if it totals less than ten thousand dollars (\$10,000) as of the date of your claim, including the estimated amount of any related potential future injury, damage, or loss, insofar as it may be known as of the date of your claim, together with the basis of computation of the amount claimed (include copies of all bills, invoices, estimates, etc.).

Total amount claimed and basis for computation:

If amount claimed exceeds \$10,000: If the amount claimed exceeds ten thousand dollars (\$10,000), you need not provide a dollar amount in the claim. However, your claim must indicate whether it would be a limited civil case. A limited civil case is one where the recovery sought, exclusive of attorney fees, interest and court costs, does not exceed \$25,000. An unlimited case is one in which the recovery sought is more than \$25,000. (See CCP§86)

Limited Civil Case

Unlimited Civil Case

You are required to provide the information requested above in order to comply with Government Code §910. Additionally, in order to conduct a timely investigation and possible resolution of your claim, the City of Manhattan Beach requests that you answer the following questions.

9. Name, address and phone number of any witnesses to the occurrence or transaction from which the claim arises.

10. If the claim involves medical treatment for a claimed injury, please provide the name, address, and phone number of any doctors or hospitals providing treatment. *If applicable, please attach any medical bills or reports or similar documents supporting your claim.*

11. If the claim relates to automobile damage or an accident, provide the following information:

Auto Insurance Company: _____ Phone Number: _____

Mailing Address: _____

Policy Number: _____

Insurance Broker/Agent: _____ Phone Number: _____

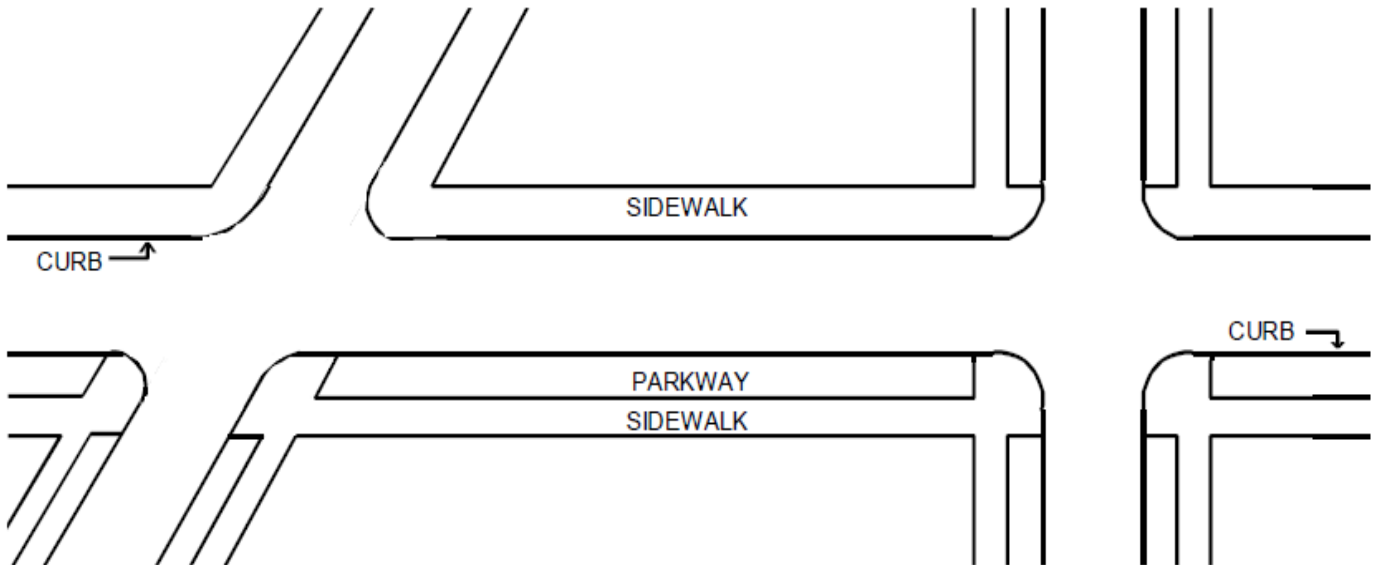
License Plate No.: _____ Vehicle Make/Model/Year: _____

VIN No: _____ Vehicle Mileage at Time of incident: _____

If applicable, please attach repair bills, estimates, photographs, or similar documents supporting your claim.

Complete the diagram showing the direction and position of autos or property involved. Please identify the street names, vehicle/pedestrian location, area of impact, etc. and indicate where North is on the diagram.

Note: if the diagram below does not fit the situation, attach hereto a proper diagram signed by claimant.



WARNING: Presentation of a false claim is a felony (Penal Code §72). Pursuant to CCP§1038, The City may seek to recover all costs of defense in the event an action is filed which is later determined not to have been brought in good faith with reasonable cause.

Signature of Claimant

Date