



# CITY OF CHICAGO CLAIM FORM

(Damage To Vehicle)

1. Claimant's Name: \_\_\_\_\_  
(Last, First Middle)

2. Street Address: \_\_\_\_\_

3. City/State/Zip Code: \_\_\_\_\_

4. Telephone Number: \_\_\_\_\_  
(Day and Evening)

5. Full Name of Claimants  
Insurance Company: \_\_\_\_\_

6. Name of Policy Holder: \_\_\_\_\_

7. Policy Number: \_\_\_\_\_

7a. Policy Period: \_\_\_\_\_  
(From Date/To Date)

8. Claimant's Vehicle: \_\_\_\_\_  
(Make, Model, Year)  
\_\_\_\_\_  
(License Plate Number, State of License)

9. Date & Time of Accident: \_\_\_\_\_

10. Location at Which  
Accident Occurred: \_\_\_\_\_  
(Street, Avenue or Boulevard/Number or Name of Closest Intersecting Street)

11. Name of Other Driver: \_\_\_\_\_  
(Last, First Middle)

12. Vehicle License Number: \_\_\_\_\_

13. City Department for  
Which Driver Works: \_\_\_\_\_

14. Name of Witness  
to Accident: \_\_\_\_\_  
(Last, First Middle)

15. Street Address: \_\_\_\_\_

16. City/State/Zip Code: \_\_\_\_\_

17. Telephone Number: \_\_\_\_\_  
(Day and Evening)

18. Describe in Detail  
How Accident Occurred:  
\_\_\_\_\_

19. Police Report Number: \_\_\_\_\_

19a. City Department  
Report Number: \_\_\_\_\_

20. Two Written  
Estimates Attached: Yes \_\_\_\_\_ No \_\_\_\_\_  
(Cost to Repair Damages)

21. Paid Bill  
Attached: Yes \_\_\_\_\_ No \_\_\_\_\_

22. Signature of Claimant:  
Date: \_\_\_\_\_

Mail the completed form, along with any required supporting evidence to:

Office of the City Clerk  
Attn: Claims  
121 N. Lasalle St.  
Room 107  
Chicago, IL 60602-1295