

NOTICE OF TORT CLAIM

OKLAHOMA MUNICIPAL ASSURANCE GROUP - MUNICIPAL LIABILITY PROTECTION PLAN

A. CLAIMANT REPORT

To the _____
Public entity you are filing this claim against.

IMPORTANT NOTICE: To be valid your claim must be submitted to the clerk of the entity within one year from the date of the incident. It will then be sent to OMAG Claims for investigation. You may expect them to contact you. Other limitations to your claim may apply. (See Oklahoma Statutes Title 51, Sections 151-172).

CLAIMANT(S) _____ CLAIMANT(S) SOCIAL SECURITY NO. _____
ADDRESS _____ CLAIMANT(S) DATE OF BIRTH _____
PHONE: HOME () _____ BUS () _____

1. DATE AND TIME OF INCIDENT _____ / () a.m. () p.m.
2. LOCATION OF INCIDENT _____
3. DESCRIBE INCIDENT _____

4. LIST ALL PERSONS AND/OR PROPERTY FOR WHICH YOU ARE CLAIMING DAMAGES:

BODILY INJURY: WAS CLAIMANT INJURED? YES ___ NO ___ If yes, complete this section.
Describe injury _____
WERE YOU ON THE JOB AT THE TIME OF INJURY? YES ___ NO ___ If so, please give name, address and phone number of company.
NAME OF DOCTOR OR HOSPITAL _____
ALL MEDICAL BILLS (Attach copies) \$ _____
LIST OTHER DAMAGES CLAIMED \$ _____
TOTAL BODILY INJURY \$ _____

PROPERTY DAMAGE: Proof that you are the owner of the vehicle or property allegedly damaged as specified in your claim will be required.
VEHICLE NAME: _____ BODY TYPE _____ YEAR _____
NOTE: If damage is to a vehicle, a photocopy of your motor vehicle title is required.
IF NOT A VEHICLE, DESCRIBE PROPERTY AND LOSS _____
PROPERTY DAMAGE (Attach repair bills or two estimates) \$ _____
LIST OTHER DAMAGES CLAIMED \$ _____
TOTAL PROPERTY DAMAGE \$ _____

5. NAME OF YOUR INSURANCE CO. _____ POLICY NO. _____ AMOUNT CLAIMED _____ AMOUNT RECEIVED _____

6. The names of any witnesses known to you:
Name _____ Address _____ Phone Number _____
Name _____ Address _____ Phone Number _____

STATE THE EXACT AMOUNT OF COMPENSATION YOU WOULD ACCEPT AS FULL SETTLEMENT OF THIS CLAIM.
TOTAL CLAIM \$ _____

SIGNATURE(S) _____ DATE _____

B. THIS SECTION IS FOR USE BY ENTITY WHICH RECEIVES THE CLAIM

To inquire about this claim you may write to OMAG Claims or call 1-800/234-9461; or in Oklahoma City call 525-6624

This notice of Tort Claim was received by _____

(Title) _____, on _____, 19 _____

For further information on this claim contact _____

(Title) _____, by telephone at (_____) _____

The following reports, statements or other documentation, which support our understanding of the facts relating to this claim, are attached:

Persons who have knowledge of the circumstances surrounding this claim are:

	<u>Name</u>	<u>Title/Position</u>	<u>Telephone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Submitted by: _____ Date _____, 19 _____

Title: _____

AFTER YOU HAVE RECEIVED THIS CLAIM,
PLEASE PROVIDE THE INFORMATION REQUESTED
ABOVE AND IMMEDIATELY SEND TO:

OMAG Claims Department
4130 N. Lincoln Boulevard
Oklahoma City, OK 73105
FAX: (405) 525-0009
PHONE: (405) 525-6624