

NOTICE OF TORT CLAIM

OKLAHOMA MUNICIPAL ASSURANCE GROUP (OMAG) – MUNICIPAL LIABILITY PROTECTION PLAN A. CLAIMANT REPORT

To the _____ CITY OF BARTLESVILLE _____

Public entity you are filing the claim against.

PLEASE PRINT OR TYPE AND SIGN

IMPORTANT NOTICE: This notice will be sent to OMAG Claims Dept. for investigation. You may expect them to contact you.

CLAIMANT(S) _____
ADDRESS _____

CLAIMANT(S) SOCIAL SECURITY NO. _____
CLAIMANT(S) DATE OF BIRTH _____ Circle: M F
PHONE: HOME (____) _____ BUS. (____) _____

- (Exact Date Required) (Continue on another sheet if needed
for any information requested)
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 provide Employer info.

Employer's Name _____

Address _____

Phone _____

ALL MEDICAL BILLS (attach copies) \$ _____

LIST OTHER DAMAGES CLAIMED \$ _____

MEDICARE/MEDICAID/SOCIAL SECURITY DISABILITY:

Is there any Social Security Disability involvement ___ Yes ___ No

Has any medical bill been paid or will be paid by Medicare/Medicaid? ___ Yes ___ No. If so, list Medicare/Medicaid Number.

Medicare/Medicaid Number _____

If the City is responsible for such bills, the City must report any settlement to Medicare/Medicaid.

I understand that the information requested is to assist the requesting insurance information arrangement to accurately coordinate benefits with Medicare/Medicaid and to meet its mandatory reporting obligation under Medicare Secondary Payer Act 42 U.S.C§1395y.

Medicare/Medicaid Beneficiary Name (please print) _____

Medicare/Medicaid Beneficiary Name Signature _____

PROPERTY DAMAGE: Proof that you are the owner of the vehicle or property allegedly damaged as specified in your claim will be required.

VEHICLE YEAR _____ MAKE _____ MODEL _____

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 estimates if available) \$ _____

LIST OTHER DAMAGES CLAIMED \$ _____

5. NAME OF YOUR INSURANCE CO. _____	POLICY NO. _____	AMOUNT CLAIMED \$ _____	AMOUNT RECEIVED \$ _____
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6. The names of any witnesses known to you:

Name _____	Address _____	Phone Number _____
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Name _____	Address _____	Phone Number _____
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STATE THE EXACT AMOUNT OF COMPENSATION YOU WOULD ACCEPT AS FULL SETTLEMENT ON THIS CLAIM.

TOTAL CLAIM.....\$ _____

SIGNATURE(S) _____

DATE _____

CONTINUE ON THE BACK

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

To inquire about this claim you may write to OMAG Claims Dept. or call 1-800-234-9461

This Notice of Tort Claim was received by _____

(Title) _____, on _____, 20____

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:

Information for City Owned Vehicle Involved:

Year: _____ Make: _____ Model: _____ Last 4 Vin#: _____ Dept: _____

As a result of this incident, are there damages to the City vehicle? ____YES ____NO

If YES, please fill out an
OMAG Auto Loss Notice
to have it repaired.

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

Name	Title/Position	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Submitted by: _____ Date _____, 20____

Title: _____

AFTER THE PUBLIC ENTITY HAS RECEIVED THIS
CLAIM, PLEASE PROVIDE INFORMATION
REQUESTED ABOVE AND IMMEDIATELY SEND TO:

CITY OF BARTLESVILLE
City Clerk's Office
401 S Johnstone Ave
Bartlesville, OK 74003
918-338-4212