

**CITY OF NEW HAVEN**  
**PROPERTY DAMAGE CLAIMS INSTRUCTIONS**

Pursuant to an order of the New Haven Board of Aldermen dated April 7, 1993, effective April 8, 1993 the Office of the Corporation Counsel has adopted the following claims instructions for property damage claims filed against the City of New Haven. Claims **must** be submitted to the City Clerk pursuant to these instructions. Thereafter, said claims will be forwarded to the Office of the Corporation Counsel for review, approval or denial.

1. Any claimant seeking to make a Property Damage Claim against the City of New Haven must submit the attached “Claims” Form to: Office of the City Clerk, 200 Orange Street, Rm 202, New Haven Connecticut 06510 as follows:

- a. within ninety (90) days from the date of the incident for claims alleging property damage resulting from a defective highway or sidewalk, and
- b. within six (6) months of the date of the incident for all other claims alleging property damage.

2. All claims forms must be fully completed, signed and notarized. Failure to do so may result in denial of your claim. If a particular question is inapplicable, claimant must indicate such inapplicability by placing “N/A” in the space provided.

3. All relevant estimates, receipts and insurance statements must be submitted with the claim form. Failure to do so may result in the denial of your claim. Claimants who dispose of the property or have repairs done, do so at their own risk.

4. **Two (2) repair estimates and copies of any public record reports filed with relevant City department (such as police reports) are required for all property damage claims.**

5. Claims alleging defective street conditions and claims alleging defective City sidewalks, sewers, trees, or facilities must be reported to the relevant City departments (e.g., Police, Public Works, Traffic, WPCA, Parks, etc) within twenty-four (24) hours of the incident. Failure to file such incident reports may result in the denial of your claim. Such reports shall include, but are not limited to, the exact date and approximate time of the incident, a detailed description of the

incident and the location, (e.g., street name and address, nearest intersecting street(s) and landmarks, if any).

6. All insurance payments for the incident must be reported promptly in writing to the Office of the Corporation Counsel. All such correspondence should reference claimant's name and the date of the incident. Claimant must attach a statement of applicable coverage for the damaged property from an insurance company. Additionally, claimant must attach a letter from the insurance carrier when said carrier denies coverage for the property damage which is the subject of this claim. If the damaged property damaged is not insured, claimants must so state in appropriate section of the Claim Form.

7. Claimants should pursue redress in other arenas for the following claims, as the Office of the Corporation Counsel **will not** review or approve the same through the procedures established herein:

- a. **claims involving personal injury;**
- b. claims for trash can damage, vehicle rentals, or damages or other losses resulting from vehicle tows;
- c. claims due to a defect on a state highway or other property the maintenance of which, by law or contract, is not the City's responsibility;
- d. claims involving Acts of God (hurricanes, tornadoes, blizzards, ice storms, etc.);
- e. claims by City employees or Officials for losses at work, including but not limited to, personal property or cash lost, stolen, or damaged, except as specified under the appropriate collective bargaining agreement;
- f. claims which are the subject of a Notice of intent to File a Lawsuit or an Administrative proceeding;
- g. claims for damage done by mobs.
- h. claims previously submitted and approved or denied by the Office of the Corporation Counsel;

- i. claims for damage caused by sewer problems (must be forwarded directly to the Greater New Haven Water Pollution Control Authority);
- j. claims involving property damage caused by the Fire Department acting pursuant to a valid and lawfully executed search warrant;
- k. claims involving property damage caused by the Fire Department acting pursuant to its fire suppression, fire prevention and arson investigation functions;

8. Claimants may be required to agree to a visit by a City appraiser to determine actual monetary loss. The appraiser will report his/her findings to the Office of the Corporation Counsel. If a claimant refuses to permit said adjuster to assess property damage, the Office of the Corporation Counsel will deny the claim.

9. Address and telephone number changes must be reported promptly in writing to the Office of Corporation Counsel.

10. The Office of the Corporation Counsel will not process an approved claim for payment until the claimant completes and returns a form releasing the City from any further liability for the same incident.

(203) 946-6549

**PLEASE KEEP THESE INSTRUCTIONS FOR YOUR INFORMATION**

**DO NOT SUBMIT WITH YOUR CLAIM**

REV/JAN 2008

Claim No. C -  
#

**CITY OF NEW HAVEN  
PROPERTY DAMAGE CLAIM FORM**

**Current email address:** \_\_\_\_\_

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_  
(street or post office box #) (city) (state) (zip code)

3. Telephone: day \_\_\_\_\_ eve \_\_\_\_\_

4. Check the type of claim:

Automobile Accident \_\_\_\_\_ Pothole/Manhole \_\_\_\_\_ Defective Sidewalk \_\_\_\_\_ Other \_\_\_\_\_

5. Below, explain the circumstances of the incident for which you are claiming property damage. Please include the date, the time, and the exact location of the alleged incident.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What is the total amount of your claim against the City? \$ \_\_\_\_\_

7. Property damage estimate(s) or receipt(s) must be submitted with this form in order to process your claim. Attach estimate(s) or receipt(s) to this form. List the total of the estimate(s) or (receipt(s) and the name of the vendor. Indicate whether each amount listed relates to an estimate or receipt by circling the appropriate word below.

a. \$ \_\_\_\_\_ Vendor \_\_\_\_\_ ESTIMATE or RECEIPT

b. \$ \_\_\_\_\_ Vendor \_\_\_\_\_ ESTIMATE or RECEIPT

8. Is this the only claim you have ever submitted to the City? \_\_\_\_\_  
If "no", list all other claims you have submitted, including for each claim the date of submittal, the type of claim, the amount of the claim, and the final disposition of the claim.

\_\_\_\_\_  
\_\_\_\_\_

9. Do you have insurance on the damaged property? \_\_\_\_\_

a. If "yes", list the name, address, and telephone number of your insurance company and/or agent, and your insurance policy number. Attach a copy of the statements of applicable coverage for the damaged property.

\_\_\_\_\_

\_\_\_\_\_

b. Have you submitted a claim to your insurance carrier? \_\_\_\_\_ If "yes", when? \_\_\_\_\_

c. Does your insurance cover this claim? \_\_\_\_\_ If "no", attach a letter from your insurance carrier indicating the lack of coverage.

d. What is your deductible? \$ \_\_\_\_\_

e. Have you received any insurance payment for this incident? \_\_\_\_\_ If "yes", how much? \$ \_\_\_\_\_

f. Has any vendor received any insurance payment on your behalf for this incident? \_\_\_\_\_ If "yes", how much? \$ \_\_\_\_\_

10. List each City department or agency you reported this incident to, the date you reported it, and the name of the person you spoke to. Attach each incident report to this form.

Agency/Dept. \_\_\_\_\_ Date \_\_\_\_\_ Employee \_\_\_\_\_

Agency/Dept. \_\_\_\_\_ Date \_\_\_\_\_ Employee \_\_\_\_\_

I, the undersigned, do swear to the truthfulness and accuracy of the information above and that attached hereto in support of this claim against the City of New Haven for property damage. I understand that I have an obligation to inform the City of any insurance payments made to me or to any vendor on my behalf for this incident.

Claimant \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(printed name)

STATE OF CONNECTICUT:

ss:

COUNTY OF NEW HAVEN:

Personally appeared before me \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, who subscribed the foregoing claim form and swore to the truth of the statements contained therein.

\_\_\_\_\_  
Commissioner of the Superior Court, or Notary Public, or Justice of the Peace