PHILADELPHIA WATER DEPARTMENT

Risk Management Division – Claims Unit 1515 Arch Street – 14th Floor Philadelphia, PA 19102-1595 (215) 683-1700

Risk.Management@phila.gov

GENERAL CLAIM INFORMATION FORM

Philadelphia Water Department

| 1 B 4 O | 2 CH : 4/Th 4 ('C 1'CC + C | | |
|---|---|--|--|
| 1. Property Owner Name (please print) | 2. Claimant/Tenant (if different from property owner) | | |
| Name (please print) | Name (please print) | | |
| Address Zip Code | Address Zip Code | | |
| Social Security Number/Tax Identification Number | Social Security Number/Tax Identification Number | | |
| Date of Birth | Date of Birth | | |
| Telephone No. | Telephone No. | | |
| Email: | Email: | | |
| | | | |
| 3. Address of property where damage occurred: (If same as 1. above, write "same") | 4. Location of breakage in water or sewer system: | | |
| (a same as 2 as only write same) | | | |
| | | | |
| Under Pennsylvania Law your primary source of recovery for your immediately about your loss. IN ADDITION TO COMPLETING THIS FORM, PLEASE PROV A COPY OF YOUR INSURANCE DECLARATION PAGE CO WRITTEN ESTIMATES ITEMIZING PART(S), PRICE, AND I PHOTOGRAPHS OF YOUR DAMAGED PROPERTY PHOTOGRAPHS OF THE DEFECTIVE CONDITION THAT CO | IDE THIS OFFICE WITH THE FOLLOWING DOCUMENTATION: VERING THE DATE OF THE ACCIDENT/INCIDENT LABOR | | |
| ALL DOCUMENTATION SUBMITTED WITH THIS FORM BEONON-RETURNABLE. | COMES PROPERTY OF THE CITY OF PHILADELPHIA AND ARE | | |
| ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INS | NY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF | | |
| Signature: | | | |
| Date: | | | |

| 5. <u>Date</u> of loss or occurrence: <u>Time</u> of loss or occurrence: | | | |
|---|-------------------|---------------|-----------------------|
| (Actual date OR approximate date and time) | | | |
| 6. Description of events which resulted in damage: (Please be specific. Attach additional documentation as needed) | | | |
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| 7. DESCRIPTION OF NON-REPAIRABLE ITEMS (Attach ITEMIZED repair estimate, if available, and supplemental list, if needed.) | Date Purchased | Original Cost | For Official Use Only |
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