

## CITY OF EAST PROVIDENCE

### CLAIMS PROCEDURE

1. The claim must be submitted to the City Clerk's Office, 145 Taunton Avenue, East Providence, RI 02914.
2. The City Clerk's Office stamps the claim received; sends a letter of acknowledgment and forwards the claim to the Law Department for processing.
3. The claim will be scheduled for review at the next scheduled Claims Committee meeting provided all reports from the necessary City officials have been obtained. The Claims Committee normally meets on the first and third Tuesday of each month. The Claims Committee will then submit a recommendation to the City Council.
4. The City Council will officially approve, deny or refer a claim. All claims over \$2500.00 are referred to the Law Department for processing by the City's insurance carrier.
5. If a claim is under \$2500.00 and approved by the City Council, the claimant will be forwarded a release to be signed and returned to the Law Department. Upon receipt of the signed release, a check will be forwarded to the claimant. Allow two weeks for processing of approved claims.
6. If the City Council refers the claim to the Law Department for processing by the City's insurance carrier, the claimant will be notified when the claim has been referred and who to contact regarding the claim.
7. If the City Council refers the claim to a contractor or some other responsible party, the claimant will be notified by mail indicating the name and address of the contractor or responsible party. A copy of the claim will be forwarded to the contractor or responsible party by the Law Department. After referral, any questions the claimant may have regarding his/her claim should be directed to the contractor or responsible party.
8. If the City Council denies the claim, the claimant will be notified by mail.

UNLESS YOU HAVE BEEN NOTIFIED THAT YOUR CLAIM HAS BEEN REFERRED TO ANOTHER PARTY, ALL TELEPHONE INQUIRIES SHOULD BE DIRECTED TO THE LAW DEPARTMENT AT 435-7523.

**TO THE HONORABLE EAST PROVIDENCE CITY COUNCIL:**

The undersigned respectfully petitions your honorable body for compensation for injuries and/or damages sustained as follows:

[Please print all required information. If additional space is needed, use back of form.]

**GENERAL INFORMATION:**

Date and Time of Incident: \_\_\_\_\_  AM  PM  
Month Day Year Hour

Claimant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_

**TYPE OF CLAIM:**

Property Damage  Personal Injury  Miscellaneous

[Please fill out the appropriate section below for each type of claim being presented]

**PROPERTY DAMAGE CLAIM:** Amount Claimed:\$ \_\_\_\_\_

Description of Incident: \_\_\_\_\_

Description of Damaged Property: \_\_\_\_\_

[If vehicle, provide make, model, year & registration number.]

Nature of Damage: \_\_\_\_\_

**THREE (3) ESTIMATES OF REPAIR ARE REQUIRED FOR ALL PROPERTY DAMAGE CLAIMS**

**PERSONAL INJURY CLAIM:** Amount Claimed:\$ \_\_\_\_\_

Description of Incident: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

**Note: Medical expense documentation must be submitted with claim.**

**MISCELLANEOUS CLAIM:** Amount Claimed:\$ \_\_\_\_\_

Detailed Description of Claim: \_\_\_\_\_

**Signature of Claimant:** \_\_\_\_\_ **Date Filed:** \_\_\_\_\_