



# Notice of Claim

## Submitting Your Claim

Submit your claim (completed form and supporting information, e.g. documentation, photos, receipts), using any of the following methods:

**Email:**

- Save form to your desktop
  - Complete applicable fields and save
  - Attach form to email and send to [riskmanagement@tol.ca](mailto:riskmanagement@tol.ca)
- Note: If emailing, signature not required.

**Fax:** 604.533.6130, attention: Risk Management Department

**Mail:** Risk Management Department  
Township of Langley  
20338 – 65 Avenue, Langley, BC V2Y 3J1

## 1 Claimant Information

Last name	First name
Address	
City	Postal code
Home phone	Alternate phone
Email	

## 2 Claim Details

Date damage occurred (mm/dd/yyyy)	Time damage occurred <input type="checkbox"/> am <input type="checkbox"/> pm
Address where incident occurred	
Incident details	

As a result of the above circumstances, I have suffered the following damage:

Item	Describe item and damage	Additional documentation attached	Total cost of loss	Personal costs (insurance deductible, medical, etc.)
A		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
B		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
C		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$

## 4 Terms and Conditions

If you sustain an injury, loss, or damage to yourself, your home, or property, notify your primary insurance carrier.

I have reported my loss to my primary insurance carrier (ICBC; property insurer).

Insurance company name

Insurance representative name

Email

Phone

Claim number

I fully understand that all actions against the municipality commence within six (6) months after the date which damage was sustained. (Section 735, Local Government Act, R.S.B.C., 2015)

I full understand this official report must be filed with the municipality within two (2) months after the date on which the damage was sustained. (Section 736 Local Government Act, R.S.B.C., 2105)

## 5 Signatures

\_\_\_\_\_  
 Claimant's signature  
 (signature not required if emailing form)

\_\_\_\_\_  
 Date (mm/dd/yyyy)

\_\_\_\_\_  
 Receipt acknowledged by Township of Langley (signature)

\_\_\_\_\_  
 Date (mm/dd/yyyy)

Any personal information collected on this form will be managed in accordance with the *Freedom of Information and Protection of Privacy Act*. Direct enquiries, questions, or concerns regarding the collection, use, disclosure, or safeguarding of personal information associated with this form to: Supervisor, Information, Privacy, and Records Management, Township of Langley, 20338 – 65 Avenue, Langley, BC V2Y 3J1   [foi@tol.ca](mailto:foi@tol.ca)   604.532.7396