



# 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

### Office use only

Claim number

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## Claimant Information

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

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## Claim Details

|                                   |   |
|-----------------------------------|---|
| Date damage occurred (mm/dd/yyyy) | Time damage occurred<br><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 acknowledge and understand that section 735 of the Local Government Act, RSBC 2015, requires that all actions covered by that section must be commenced **within six (6) months** after the cause of action arose.
- I acknowledge and understand that section 736 of the Local Government Act, RSBC 2015, provides that the Township of Langley is not liable for damages unless notice in writing setting out the time, place and manner in which the damage has been sustained, is delivered to the Township of Langley **within two (2) months** from the date on which the damage was sustained.

## 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   fo@tol.ca   604.532.7396