

DOCTORS and HOSPITALS (if applicable) <i>(attach separate sheet, if needed):</i>	AMOUNT CLAIMED , AS OF THE DATE OF PRESENTATION OF THIS CLAIM <i>(attach copies of all documentation including receipts, photographs, repair estimates, and medical bills):</i>	
DOCTOR	Damages incurred to date (exact):	Estimated future expenses (if any):
Address	Property Damage \$ _____	Future Medical Care \$ _____
Date(s) of Treatment	Expenses for Medical Care (if any) \$ _____	General Damages \$ _____
HOSPITAL	General Damages \$ _____	Total Estimated Future Damages \$ _____
Address	Total Damages To Date \$ _____	
Date Hospitalized	Specify the TOTAL SUM you claim: \$ _____	

AUTO INFORMATION IS REQUIRED IF VEHICLE INVOLVED

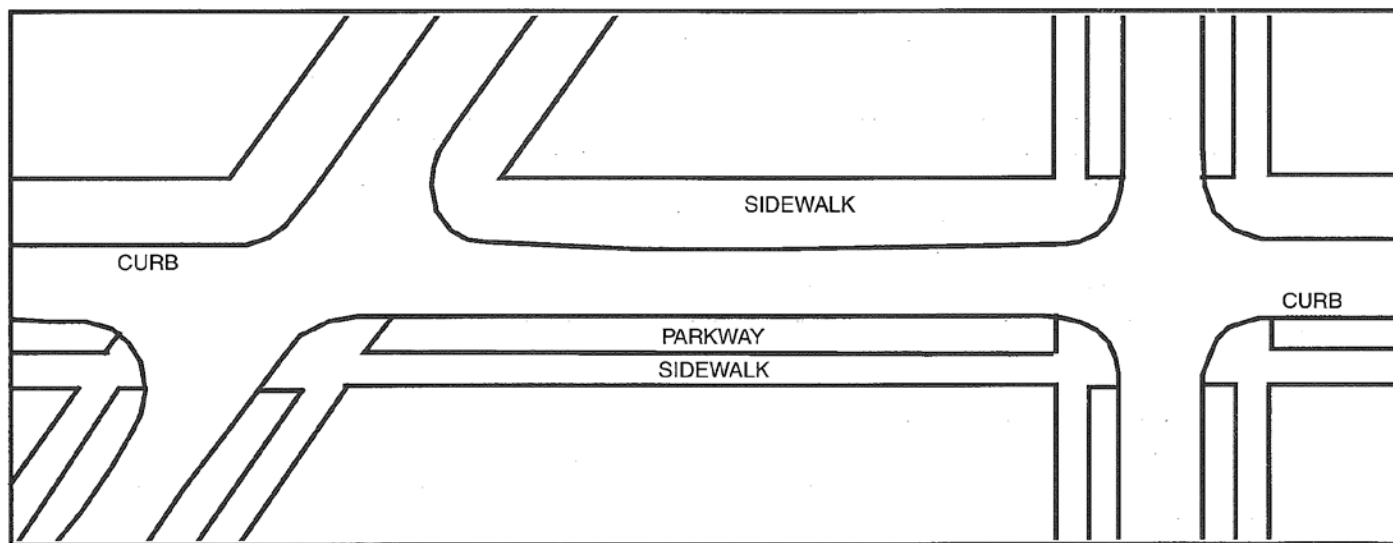
NAME OF INSURANCE COMPANY		POLICY NUMBER	ARE YOU THE REGISTERED OWNER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HAVE YOU SUBMITTED A CLAIM TO YOUR INSURANCE CARRIER? Yes <input type="checkbox"/> No <input type="checkbox"/>		IF YES, WERE YOU PAID? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF PAID, WHAT AMOUNT?	
MAKE OF VEHICLE	MODEL	COLOR	YEAR	VEHICLE LICENSE NO.

WITNESSES TO DAMAGE OR INJURY *(list name, address and phone number)*

Name	Phone	Address
Name	Phone	Address
Name	Phone	Address

READ CAREFULLY

For all accident claims, place on following diagram names of streets, including north, east, south, and west; indicate place of accident by "X" and by showing house numbers or distances to street corners. If City vehicle was involved, designate by letter "A" location of City vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City vehicle; location of City vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X". NOTE: If diagram below does not fit the situation, attach a proper diagram signed by claimant.



Attach a copy of all documentation including receipts, photographs, repair estimates, medical bills, etc. that support the total amount claimed.
I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT THE FOREGOING FACTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.
PRESENTATION OF A FALSE CLAIM IS A FELONY. (California Penal Code §72)

Signature of Claimant:	Date:
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