



*Dear Claimant:*

*Please find enclosed a Town of Braselton form. Please complete and sign the form, and **return it to the Town of Braselton, 4982 Highway 53, PO Box 306, Braselton GA 30517.** It is important to note that the Claims cannot begin an active investigation into your claim(s) until this form is completed and received by the Claims Section.*

*If a portion of the form does not apply to your particular situation, please write not applicable, or N/A. **to adequately investigate your claim, it is essential that you accurately provide the time, date and exact location of the incident.***

**If your claim involves auto damages, you will need to submit the following documentation below:**

- 1. A copy of your automobile title, registration or lease contract is mandatory; no auto claim will be processed without including this information.*
- 2. Insurance coverage information, including a copy of the declarations page, is mandatory for both full and liability coverage.*
- 3. Include two (2) estimates of costs and repair or an itemized repair bill. Two estimates are requested for claims involving a motor vehicle accident.*
- 4. If you are claiming tire damage, the age of the tire and tire tread measurement are mandatory. Tire tread measurements can be obtained from most service stations.*
- 5. Police report or incident report, if applicable, is very helpful.*
- 6. Photographs of the damages to your vehicle or tire(s) and of the alleged defect that caused your damages are very helpful.*
- 7. Any witness statements are optional.*

*If your claim involves personal injury, please include the following:*

- 1. For **"Trip and Fall"** accidents you **must** include the nearest address of where you fell. **No claim will be processed without this information.***
- 2. Copies of all medical reports including; doctor bills, hospital bills and pharmacy receipts.*

**If your claim concerns property damage other than automobile, you will need to submit the documentation below:**

1. *A copy of homeowner's or property insurance policy, including proof of the deductible amount.*
2. *A separate itemized list(s) of property damages.*
3. *Include a description of each item on the list, including brand name, serial number, quantity lost, purchase date or age of the item and purchase price.*
4. *Attach all bills, receipts, and estimates concerning the described property.*
5. *If your claim is for property damage to your business, please submit proof of business ownership and/or lease rights and responsibilities.*
6. *Any photographs of either damaged property or what allegedly caused it.*

*Please send these items along with your completed claim form to the Town of Braselton, 4982 Highway 53, PO Box 306, Braselton GA 30517.*

*The completed claims package can also be submitted via facsimile to 706-654-3033 or electronically to [escott@braselton.net](mailto:escott@braselton.net).*

**Note:** *Where an insurance policy is applicable, it is important to note that an individual must use their own insurance policy to cover their damages. A municipality, such as the Town of Braselton, may reimburse the deductible; however, we are not required to pay for the damages that could possibly be paid by an insurance company.*

*Remember, your claim cannot be processed until the Claims Section receives a completed claim form. **Claims processing can take up to 90 days or more. You will be contacted in writing as soon as your claim has been investigated and fully processed.***

*Sincerely,*

*Town of Braselton*

NAME		BIRTH DATE	HOME PHONE	WORK PHONE
STREET ADDRESS		CITY	STATE	ZIP
EMAIL ADDRESS		EMPLOYER NAME		
INCIDENT DATE		INCIDENT TIME	ADDRESS OF INCIDENT	
DETAILED DESCRIPTION OF INCIDENT				

Police Report Made?  NO  YES If yes, where?

WITNESS NAME	WITNESS ADDRESS
WITNESS NAME	WITNESS ADDRESS
WITNESS NAME	WITNESS ADDRESS

### FOR CLAIMS CONCERNING VEHICLE DAMAGE OR AN AUTOMOBILE ACCIDENT

VEHICLE MAKE	MAKE	TYPE	LICENSE NO.
OWNER'S NAME	OWNER'S ADDRESS		
DRIVER'S NAME	DRIVER'S ADDRESS		
Were you or anyone else injured? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes complete personal injury section			# of people in car:
NAME OF INJURED PERSON 1		ADDRESS	
NAME OF INJURED PERSON 2		ADDRESS	
NAME OF OTHER VEHICLE OCCUPANT 1		ADDRESS	
NAME OF OTHER VEHICLE OCCUPANT 2		ADDRESS	
AUTO INSURANCE COMPANY NAME		MEDICAL INSURANCE COMPANY NAME	
ESTIMATED REPAIR COST	DEDUCTIBLE AMOUNT	DESCRIBE DAMAGE TO VEHICLE	

### FOR CLAIMS CONCERNING PERSONAL INJURY

NEAREST ADDRESS OF INCIDENT OCCURANCE
NATURE AND EXTENT OF YOUR INJURY

<i>ATTENDING PHYSICIAN NAME</i>		<i>ATTENDING PHYSICIAN ADDRESS</i>	
<i>TOTAL MEDICAL EXPENSES TO DATE</i>			
<i>TOTAL MEDICAL EXPENSES TO DATE</i> \$	<i>AMOUNT PAID BY INSURANCE</i> \$	<i>AMOUNT PAID BY YOU</i> \$	<i>AMOUNT OF WAGES LOST</i> \$
<i>HEALTH INSURANCE COMPANY NAME</i>	<i>DEDUCTIBLE AMOUNT</i>	<i>NAME OF HOSPITAL TRANSPORTED TO</i>	
<i>LIST AND EXPLAIN ANY PHYSICAL DISTABILITY</i>			
<i>PROVIDE DATE AND NATURE OF ANY PRIOR INJURIES</i>			

**FOR CLAIMS CONCERNING PROPERTY DAMAGE OTHER THAN AUTOMOBILE**

<i>CAUSE OF DAMAGE</i>	<i>NAME OF TOWN EMPLOYEE CONTACTED</i>	<i>DATE</i>
<i>NAME OF PROPERTY INSURANCE COMPANY</i>		<i>DEDUCTIBLE AMOUNT</i>

*I hereby attest that the above information is true to the best of my knowledge and belief:*

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**ATTACHMENTS CHECKLIST**

**If claiming vehicle damage:**

*Declaration Page of car insurance policy showing deductible; copy of title, registration or lease contract; two written estimates; police report, if applicable, and photographs of vehicle damage (helpful but not mandatory); and witness statements, which are optional. If you are claiming tire damage, the age of the tire and tire tread measurements are mandatory. Tire tread measurements can be obtained from most service stations.*

**If claiming personal injury:**

*Letter from employer outlining total amount of wage loss; copies of all medical reports including doctor bills, hospital bills and pharmacy receipts; and witness statements (optional)*

**If claiming other property damage:**

*A copy of homeowner's or property insurance policy; including proof of the deductible amount; a separate itemized list(s) of property damages with description of each item on the list, including brand name, serial number, quantity lost, purchase date or age of the item and purchase price; bills receipts, and estimates concerning the described property; photographs of either damaged property or what allegedly caused it; and witness statement (optional). If claim is for business property damage, submit proof of business ownership and/or lease rights and responsibilities.*

<b>Claim No.</b>

*All bills, receipts, and itemized estimates must be attached.*

<b>PROPERTY DISCRIPTION (Including brand name and serial #)</b>	<b>QUANTITY</b>	<b>DATE BOUGHT OR AGE</b>	<b>PURCHASE PRICE</b>	<b>REPLACEMENT, RESTORATION OR REPAIR COST</b>

