

City of Kankakee Motor Vehicle Damage Claim Form



* required information

PLEASE PRINT LEGIBLY AND NEATLY

	Today's Date:			
1.	Claimant Name*:	First	Middle Initial	Last Name
2.	Claimant Address*:			
3.	Claimant City, State & Zip Code:			
4.	Claimant Telephone:	Office	Home	Cellular
5.	Claimant's Email Address:			
6.	Driver's License Information. If you do not have a license please include your State ID (include a copy of your license with your claim submission):	Driver's License No. _____ State of Issuance: _____		
7.	Claimant's Insurance Company (include a copy of your insurance card):			
8.	Policy Holder's Name, Policy Number and Policy Period (include a copy of your insurance card):	Policy Holder's Name: _____ Policy Number: _____ Policy Period: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (Effective Date) (Expiration Date) </div>		
9.	Did you file a claim with your insurance company?:	Yes _____ (Claim Number _____) No _____		
10.	Date and Time of Incident*:	Date _____ / _____ / _____ Time _____ : _____ A.M./P.M. <div style="display: flex; justify-content: space-around; width: 100%;"> MM DD YYYY </div>		

(OVER)

11.	Incident Location: (provide specific address, i.e. 304 South Indiana Avenue):			
12.	Witness Name (if applicable):	First	Middle Initial	Last Name
13.	Witness Address:			
14.	Witness City, State & Zip Code:			
15.	Witness Telephone:	Office	Home	Cellular
16.	Description of Incident (give details of how damage occurred) * Use additional sheet if necessary:			
17.	Police Report Number:			
18.	Two Written Itemized Estimates attached on company letterhead or Itemized Paid Bill with proof of payment attached:	Two Written Estimates _____	Itemized Paid Bill _____	
19.	Additional information submitted (i.e. photos, etc.):			
20.	I am aware of the substantial penalties, attorneys', and legal fees that may be imposed for filing a false or fraudulent claim:	_____	_____	
		Signature	Date	
21.	Certification - This signature certifies that the information on this form is true and accurate to the best of my knowledge. I have submitted this information in a manner that represents the true facts of this claim for the purpose of investigating this claim*	_____	_____	
		Signature	Date	

REMEMBER

- Respond to all questions
- Attach supporting evidence and information

Mail, or drop off, this form to:
Office of the City Clerk/City of Kankakee
304 South Indiana Avenue
Kankakee, Illinois 60901-3904
ATTN: CLAIMS