



LIABILITY/LOSS NOTICE FORM

Use this form to report an incident or verified claim in which the City may be liable

FROM: _____
City or Town

TO: abagclaims@yorkrsg.com
York Risk Services Group
Attn: PLAN JPA Claims
475 14th Street, Ste. 600
Oakland, CA 94612

City Claim #: ____/____ ____
Fiscal Year Log Number

Date & Time of Loss: _____

Department Code Location: _____

(If more than one claimant is involved, indicate names of others and use same claim #, but add letter suffix e.g. 001A)

Comments: _____

____ Input Only – check if claim is being handled in-house.

Claimant/Injured’s Name Address Phone

Claimant’s Attorney Address Phone

Witness Name Address Phone

City Employee Involved/Contact Department Phone

Location of Occurance: _____

Description of Occurance/Damage: _____

Police CHP Report #: _____ City Vehicle #: _____

Enclosures: _____ Verified Claim _____ Police Report _____ Photos
Other: _____

DATE: _____ SUBMITTED BY: _____ PHONE: _____