



# City of Victoria Claim Form

Please submit this form to:

City of Victoria  
Legal Department  
P.O. Box 1758  
Victoria, TX 77902

Fax to: 361-485-3534 -or- Email to: [ltabor@victoriatx.org](mailto:ltabor@victoriatx.org)

*The Charter of the City of Victoria provides that written notice of claims for personal injuries or property damage must be given to the City within six months after the injuries or damages occur.*

*Acceptance of a claim by the City does not constitute an admission of liability.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Cell: \_\_\_\_\_

email: \_\_\_\_\_

Best form of contact? mail phone cell email other \_\_\_\_\_

Property Damage  Personal Injury Total amount claimed: \$ \_\_\_\_\_

*Please attached all documents to aid in a quick and speedy submission and review. Attach photos, estimates, invoices, statements, reports, medical bills and other info you feel may be helpful to the insurance company.*

Date & Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

*(address, place, street name, street intersection etc.)*

Was there any construction in progress at this location?  Yes  No

Describe incident: (Attach a separate sheet, if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any efforts you made to prevent the incident or minimize damages: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all witnesses, including contact information for each: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Were police called to the scene of the incident?  Yes  No PD Report # \_\_\_\_\_

Was a City worker involved in the incident?  Yes  No City information giving? \_\_\_\_\_

Was any medical care paid by Worker's Compensation, Medicare or Medicaid?  Yes  No

Do you carry insurance that may cover any part of this claimed loss?  Yes  No

If yes, please give insurance company name, agent, phone number, deductible, type (home or auto) and policy number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If this claim involves a motor vehicle, please provide the information below of the person driving at the time of the incident:

Driver Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Year, Make & Model: \_\_\_\_\_ VIN: \_\_\_\_\_

Insurance Company & Policy # \_\_\_\_\_ License Plate #: \_\_\_\_\_

For claims involving the condition of City streets or other City property, please provide the following:

When did the City first know about defective conditions? \_\_\_\_\_

\_\_\_\_\_

How did the City find out about the defective conditions? \_\_\_\_\_

\_\_\_\_\_

Please list the names and titles of City employees who knew about the defective conditions:

\_\_\_\_\_

Have you ever made any claims or filed any lawsuits in the past concerning personal injury?  Yes  No

If you have made previous claims or filed lawsuits, please provide dates and the nature of each claim or lawsuit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Signature of claimant: \_\_\_\_\_