

# Notice of Claim – Vehicle Only



Thank you for bringing this matter to our attention. Your claim will be submitted for review and processed in a timely manner by our third-party insurance administrator. Submission of this form does not constitute an admission of liability by the City of White Settlement.

### Important Information About Submitting Your Claim Form

To ensure your claim is processed efficiently, please attach the following documentation along with your completed form:

- **Photos** clearly showing the damage. Photos should include a full view of the damaged property (e.g., the entire vehicle or structure), not just close-up shots, so the damage is clearly identifiable and attributable.
- **Any invoices, estimates, or receipts** for repair costs you wish to be considered for reimbursement.

The completed form and supporting documents may be:

- **Emailed** to the City Secretary at [aarnold@wstx.us](mailto:aarnold@wstx.us) (preferred),
- **Mailed** to:  
City Secretary's Office  
214 Meadow Park Dr.  
White Settlement, TX 76108
- **Delivered in person** to City Hall during regular business hours.

Please note: **Hand-delivering the form does not include a meeting with the City Secretary or other staff to discuss the details of your claim.** Once submitted, your claim is forwarded to the City's third-party insurance administrator, who independently manages the review and resolution process. City staff are not authorized to discuss or influence the outcome of claims.

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### CLAIMANT INFORMATION

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### INCIDENT INFORMATION

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_ AM / PM

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

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN: \_\_\_\_\_

Were you or anyone else injured? \_\_\_\_ Yes \_\_\_\_ No

Were there any witnesses? \_\_\_\_ Yes \_\_\_\_ No If yes, identify: \_\_\_\_\_

Reported to City employee or department? \_\_\_\_ Yes \_\_\_\_ No

If yes, name of employee/department: \_\_\_\_\_

Police notified? \_\_\_\_ Yes \_\_\_\_ No Police Report Number: \_\_\_\_\_

Have you submitted a claim to your insurance carrier? \_\_\_\_ Yes \_\_\_\_ No

