

Notice of Claim – Other Than Vehicle



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 object 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 (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.

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: _____

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

