



MATANUSKA-SUSITNA BOROUGH THIRD PARTY CLAIM

Submit claim in person or mail to:
350 E. Dahlia Ave.
Palmer, AK 99645

New Claim
 Amended Claim

Risk Management Date Stamp Only

1. Claimant's Name and Home Address			2. Send Official Notices and Correspondence to		
_____			_____		
_____			_____		
City	State	Zip	City	State	Zip
Home	Cell	Work	Home	Cell	Work
Phone			Phone		

3. Claimant's Date of Birth	4. Are you a Medicare Beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____
	Medicare HICN/SSN

5. Claimant Vehicle License Plate #, VIN, Make, Model, Mileage, and Year

6. Date of Incident	7. Time of Incident	8. Address and/or Description of Incident Location
_____	_____	_____

9. Basis of Claim. State in detail all facts and circumstances of the incident. Identify all persons, entities and property involved. State why you believe the Borough is responsible for the alleged injury, property damage, or loss. Add additional sheets if necessary.

Names of Involved Borough Employees and/or Departments, if known

10. Description of Claimant's injury, property damage, or loss. Add additional sheets if necessary.	11. Amount of Claimant's property damage or loss and method of computation. Attach supporting documentation.
_____	ITEMS
_____	_____ \$ _____
_____	_____ \$ _____
_____	_____ \$ _____
_____	_____ \$ _____
_____	TOTAL AMOUNT \$ _____
	<input type="checkbox"/> Claimant has notified insurance company
	<input type="checkbox"/> Insurance Info & Claim no. attached

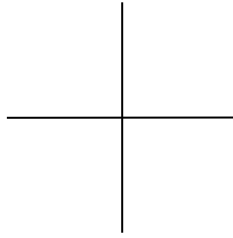
12. Witness Names (if any)	Address	Phone
_____	_____	_____

A person who knowingly and with intent to injure, defraud, or deceive an insurance company, files a claim containing false, incomplete, or misleading information may be prosecuted under state law. By signing this form you acknowledge that the information provided is true and correct to the best of your knowledge. You also acknowledge that submitting this form is not a guarantee of settlement or an admission of liability by the Matanuska-Susitna-Borough, any of its elected and appointed officials, administrators, officers, agents, employees or volunteers. Failure to complete all sections of this form will delay the processing of your claim and may result in the return or denial of your claim.

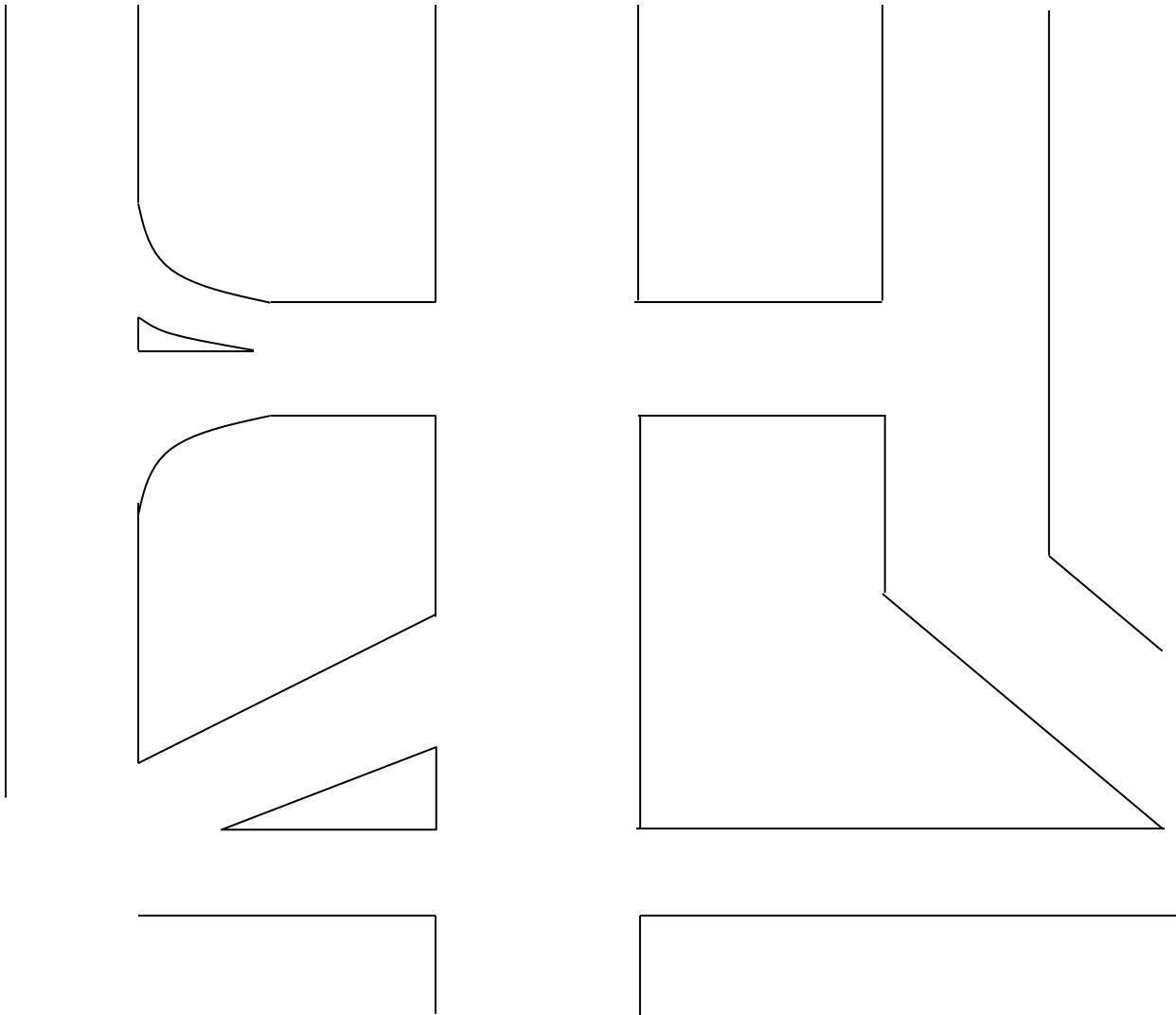
13.	_____	_____
Signature of Claimant or Representative	Date	
_____	_____	
Print Name	Relationship to Claimant	
_____	_____	

LOCATION DIAGRAM

Indicate directional points on compass (North, South, East, West).



Identify streets. If vehicles are involved, indicate Borough Vehicle as #1, and all others in numerical sequence. If this is related to a road hazard indicate where the hazard was located (what side of the road, in the easement, etc.).



INSTRUCTIONS FOR FILING A CLAIM

Failure to complete all required sections of the Claim form will delay the processing of your claim and may result in the return or denial of your claim.

1. **Claimant's Name, Home Address, and Telephone:** State the full name, mailing address, and telephone numbers of the person claiming personal injury, damage, or loss.
2. **Official Notices and Correspondence:** Provide the name, mailing address, and telephone numbers of the person to whom all official notices and other correspondence should be sent, if other than claimant. This official contact person can be the claimant or a representative of the claimant. If this section is completed, all official notices and correspondence will be sent to the person listed.
3. **Claimant's Date of Birth (If claiming bodily injury):** State the claimant's date of birth including month, day, and year.
4. **Medicare Beneficiary Status (If claiming bodily injury):** Indicate whether the claimant is a Medicare Beneficiary or not. If the claimant is a Medicare Beneficiary and the claim is for bodily injury, state the claimant's Medicare Health Insurance Claim Number (HICN) or Social Security Number (SSN). We are required under Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007(MMSEA) to notify Medicare of any settlements, judgments, awards, or other payment received by or on behalf of Medicare beneficiaries as they relate to settlement of bodily injury claims.
5. **Claimant Vehicle License Plate Number, Vehicle Identification Number (VIN), Make, Model, Mileage, and Year (If a vehicle is involved):** Please provide identifying information for the vehicle driven by the claimant or in which the claimant was a passenger.
6. **Date of Incident:** State the exact month, day, and year, of the incident giving rise to the claim.
7. **Time of Incident:** State the exact time, including A.M. or P.M., of the incident giving rise to the claim.
8. **Address and/or Description of Incident Location:** Include the exact street address or intersection and city where the incident occurred.
9. **Basis of Claim:** State in detail all facts supporting your claim, including all facts and circumstances of the incident, all alleged injuries, property damage and loss, all persons, entities, property and Borough departments involved, and why you believe the County is responsible for the alleged injury, property damage, or loss. Provide names of involved Borough employees and/or departments who allegedly caused the injury or property damage.
10. **Description of Injury, Property Damage, or Loss:** Provide in full detail a description of the injury, property damage, or loss that allegedly resulted from the incident.
11. **Amount of Loss and Method of Computation:** State the total amount of money you claim in damages. Provide a breakdown of each item of damages and how that amount was computed. You may include future, anticipated expenses or losses. Please attach copies of all bills, receipts and repair estimates. If the claim involves property damage, please provide two repair estimates.
12. **Witnesses:** State the names, addresses, and telephone numbers of any persons who witnessed the incident. Attach a list of additional names if necessary.
13. **Signature of Claimant or Representative:** Sign and date the claim form. Print name of signatory and relationship to claimant. The claim must be signed by the claimant or by the official representative of the claimant.