



NOTICE OF CLAIM

City of Pointe-Claire
Legal Affairs and City Clerk's Office
451 Saint-Jean Boulevard
Pointe-Claire (Quebec) H9R 3J3
514-630-1200

Please enclose all pertinent documents with your claim.

Last name:		First name:		
Address (civic number, street, city, province):				Postal code:
Telephone:		Email:		
Address or location of the incident (if different):				
Date of accident:		Time:	Police report number (if applicable):	
Nature and particulars of injuries or damages:				
Car repaired? (if applicable)		Yes	No	Estimated value of damages: \$ (attach document)
Brand:	Model:	Year:	Colour:	Licence plate number:
Comments:				

Signature:

Date:
