

Shannon Hutchins
Director



Carter Lemmerman
Deputy Director

Human Resources Department

Auto Liability Claim Against Forsyth County

Claimant Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home/Business Phone: _____ Cell Phone: _____

E-mail address: _____

Vehicle Information – Year: _____ Make: _____ Model: _____

Plate Number: _____ DL Number: _____ Issuing State: _____

At the time of the accident, you were (check all that apply): Owner Driver Passenger N/A

Name and address of owner if different from claimant:

Phone number of Driver: _____ Date of Birth of Driver: _____

Names/addresses/phone numbers of all vehicle occupants at the time of the incident:

Insurance: What is the name of your insurance carrier? _____

Policy Number: _____ Claim Number: _____

Name and address of your insurance agent or adjuster:

Type of Coverage:

Occurrence or event from which the claim arises: Date of Incident/Loss: _____

Exact Location (including nearest cross streets):

Were you injured? Yes No Was anyone else injured? Yes No

Nature and extent of any injuries (if there were no injuries, please state "No Injuries"):

If you were injured, name/phone/address of your treating doctor:

Names/addresses/phone numbers of any witnesses:

Damages Claimed:

Amount Claimed as of this date: \$ _____

Estimated Amount of Future Costs: \$ _____

Total Amount Claimed: \$ _____

Description of Incident:

What happened? Give a full account, including the speed of each car and the direction of travel.

I certify that the above facts are true and accurate to the best of my knowledge.

Claimant Print Name

Claimant Signature

Date

A claim must be filed with Forsyth County Risk Management as soon as possible. Normal business hours are: M-F, 8:00 am – 5:00 pm. Closed on official holidays. Claims received during regular business hours will be recorded on the date received. Mailed, emailed, or hand-delivered claims received after business hours will be recorded on the next working day. Please be sure your claim is against Forsyth County, and not another public entity. Where space is insufficient, please use additional paper and identify relative area.

Completed forms may be mailed, emailed, or hand-delivered to: Risk Management, 201 N Chestnut Street, Winston Salem, NC 27101. Phone: 336-703-2400 Email: riskmanagement@forsyth.cc

201 N. Chestnut Street • Winston-Salem, North Carolina 27101 • 336 / 703-2400 • Fax 336 / 727-2193

www.forsyth.cc/HumanResources

Equal Opportunity Employer

Other pertinent information:

201 N. Chestnut Street • Winston-Salem, North Carolina 27101 • 336 / 703-2400 • Fax 336 / 727-2193

www.forsyth.cc/HumanResources

Equal Opportunity Employer