RMDF-1 **CLAIM FOR DAMAGE, INJURY, OR DEATH**

1. Submit this Claim Form to: Macon Bibb County Risk Management P.O. Box 247 Macon, Georgia 31202-0247	(For Office Use Only)

2. NAME & ADDRESS OF CLAIMANT	**3. NAME & ADDRESS CLAIMANT'S EMPLOYER**
Name:	
Address:	
City/State/Zip Code:	
Telephone:	**SOCIAL SECURITY NO.:**

4. Date of Birth	**5. Marital Status**	**6. Day/Date Of Accident**	**7. Time (a.m. or p.m.)**

8. BASIS OF CLAIM. Please state in detail here the known facts and circumstances attending the damage, injury, or death, identifying the persons and property involved, the place of the occurrence and the cause. (Use additional pages if necessary by attachment):

9 (a). ADDITIONAL INFORMATION CONCERNING PROPERTY DAMAGE. Please identify the owner of any property damaged or involved in the accident, including description of property, and owner's full name, street, city, state, zip code, and telephone:

9 (b). DESCRIPTION OF INVOLVED PROPERTY. Please briefly describe the property, nature and extent of damage, and the present location where the property may be inspected:

9 (c). INSURANCE DATA.

Name of your Insurance Company: _____

Address of Insurance Company: _____

Policy Number: _____

Have you submitted a claim? YES or NO If yes, the date of the claim: _____

10. INFORMATION ON PERSONAL INJURY/WRONGFUL DEATH. State the nature and extent of each injury or cause of death which forms the basis of this claim. If injured person is other than claimant named above, please state the name of the injured person or decedent:

11. WITNESSES. Please list all witnesses to the accident including their full name, address and telephone, if known:

	12. AMOUNT OF CLAIM (in Dollars)		
12 (a) Personal Injury:	**12 (b) Property Damage:**	**12 (c) Wrongful Death:**	**12(d) Total Damages:**
			Failure to Specify Total Damages May Result in forfeiture of Claim.
			TOTAL:

NOTICE: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony. The failure of the claimant to comply may result in a waiver of any rights of the claimant. The amount of the claim covers only damages and injuries caused by the accident described above and claimant agrees to accept said amount in FULL AND FINAL SATISFACTION OF CLAIM.

Signature of Claimant:	Date of this Claim: