

NOTICE OF TORT CLAIM

In order to submit your claim, you must complete this form and submit it to the Mayor of the Municipality within **NINETY (90)** days of the occurrence. The Municipality will then forward your claim to the New Mexico Self-Insurers' Fund for investigation and adjustment. You may expect to be contacted by a Fund representative regarding your claim. Please call (800) 432-2036 or (505)982-5573 if you have questions.

To Municipality of _____

Claimant: _____ DOB: ____/____/____ * SSN: ____ - ____ - ____ *

Address: _____ City: _____ Zip: _____

Home Phone: (____) ____ - ____ Cell: (____) ____ - ____ Work: (____) ____ - ____

Date of Occurrence: ____/____/____ Time of Occurrence: _____ AM or PM (Circle One)

Location of Occurrence: _____

Please describe what happened: (continue on blank sheet if necessary) _____

Witness Name: _____

Contact #: (____) ____ - ____

Witness Name: _____

Contact #: (____) ____ - ____

Please list all persons and/or property for which you are claiming damages:

- 1. _____ \$ _____
- 2. _____ \$ _____
- 3. _____ \$ _____
- 4. _____ \$ _____

TOTAL AMOUNT OF CLAIM \$ _____

Please attach all estimates, bills, or other information to support the amount of your claim.

Signature

Printed Name

____/____/____
Date

***This information is required by the federal government. No payment can be made without this information.**

THIS SIDE FOR MUNICIPAL OFFICIAL USE ONLY.

Notice of Tort Received By _____
Name Title

Date: ____/____/____ Time: _____ AM/PM (Circle One)

Persons having knowledge of the circumstances surrounding this claim:

Name: _____ Phone: (____) ____ - _____

Name: _____ Phone: (____) ____ - _____

Name: _____ Phone: (____) ____ - _____

Name: _____ Phone: (____) ____ - _____

Attached are the following reports, statements or other documentation which support our understanding of the facts relating to this claim:

1. _____
2. _____
3. _____
4. _____

Please describe any other information which you feel is pertinent to this claim: _____

Submitted by: _____
Signature Print Name

Title: _____ Phone: (____) ____ - _____

Upon receipt of this claim, please provide the above information and *immediately* send to:

New Mexico Self-Insurers' Fund
P.O. Box 846
Santa Fe, NM 87504
(800) 432-2036 or (505) 982-5573
Fax (505) 820-0670