City of Memphis Claims Department
Claim Form
Return to: City Claims Office, 2714 Union Ext. Suite 200, Memphis, TN 38112

Claimant	**Bus. Phone**
Address	**Res. Phone**
City, State	**Zip**
***Social Security Number (Please see note below)	***Date of Birth (Please see note below)
Insurance Co.	**Policy #**
Address	
Date of Incident	**Time**

Facts of Claim:

Accident Location

Was Ambulance Called? Yes ☐ No ☐

Police Notified? Yes ☐ No ☐

Party Charged: City Employee ☐ Claimant ☐ Other ☐

Charges Made

Driver (if not owner)

Vehicle Make/Model **License #**

Tow Ticket # **Date: Arrived** **Removed**

Describe Damage:

***Only complete these fields if you are claiming bodily injury. If you are claiming such, your SSN and DOB are required in order for your claim to be processed. Failure to do so will result in the *denial* of your claim. Your information will be kept secured.

Driver of City Vehicle		
Address		
Dept.	Vehicle #	License #
(1) Passenger's Name	Age	Phone
Address		
Dr. or Hospital		
Injuries		
(2) Passenger's Name	Age	Phone
Address		
Dr. or Hospital		
Injuries		
(3) Passenger's Name	Age	Phone
Address		
Dr. or Hospital		
Injuries		
(1) Witness Name	Age	Phone
Address		
(2) Witness Name	Age	Phone
Address		

Signature of Claimant

Date