

NOTICE OF TORT CLAIM

To Municipality of _____

NMSIF Policy # _____

*****IMPORTANT NOTICE*****

To be valid, your claim MUST be submitted to the Mayor of the Municipality.

ALL Tort Claims MUST be submitted within NINETY (90) days after date of occurrence, to the appropriate municipal official.

Claimant: _____ Amount of Claim \$ _____

Address: _____ Date of Accident _____

City/Zip: _____ Place of Accident _____

Home Telephone(_____) _____ Work(_____) _____

Cause of Accident (continue on blank sheet if necessary) _____

How did accident occur? (continue on blank sheet if necessary) _____

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

a. _____ \$ _____

b. _____ \$ _____

c. _____ \$ _____

d. _____ \$ _____

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

Signature

Date

When you have completed this Notice of Tort Claim and filed it with the Municipality, it will then be submitted to the New Mexico Self Insurers' Fund for investigation and adjustment. You may expect to be contacted by them or their adjusters. To inquire about this claim you may call at 1-800-432-2036 or (505)982-5573.

(Over)

This side of claim form is for use by Municipal Official only.



Municipal Official Report



This Notice of Tort Claim was received by (Name) _____,

(Title) _____ At _____ a.m./p.m., on (Date) _____.

For further information on this claim contact _____

(Title) _____, by telephone at _____.

The following reports, statements or other documentation, which support our understanding of the facts relating to this claim, are attached.

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

Other persons who have knowledge of the circumstances surrounding this claim are:

<u>Name</u>	<u>Telephone</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Other information which you should be aware of regarding this claim: _____

Submitted by _____ Date _____

After you have received this claim, please provide the information requested above and immediately send to:

New Mexico Self Insurers' Fund
P. O. Box 846
Santa Fe, NM 87504-0846
1-800-432-2036 or (505)982-5573