

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. You may expect to be contacted by a Fund representative regarding your claim.

To Municipality (or Public Entity) of _____

Claimant: _____

DOB: ____ / ____ / ____ * SSN: ____ - ____ - ____ * Gender: ____ Male ____ Female

Address: _____ City: _____ Zip: _____

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

Address or Detailed Location of Occurrence: _____

¹⁰ See, for example, the discussion of the 1993 Constitutional Conference in the section on the Constitutional Conference in this volume.

Witness Name: _____ Contact #: () -

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

1. \$

2. *§*

3. *What is the relationship between the two concepts?*

TOTAL AMOUNT OF CLAIM \$

TOTAL AMOUNT OF CLAIM \$ _____

Please attach all estimates, bills, or other information to support the amount of your claim. This documentation can be submitted directly to your Fund adjuster if you do not have it at the time of Tort Claim Notice submission. Questions may be directed to the New Mexico Self-Insurers' Fund Liability Claims Unit at (800) 432-2036 or (505) 982-5573.

Signature _____ Printed Name _____ Date _____

Signature _____ Printed Name _____ Date _____

***This information is required by the federal government if you sustain bodily injury. No payment can be made without this information.**

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* email to liabilityclaims@nmsif.org.

New Mexico Self-Insurers' Fund
P.O. Box 846
Santa Fe, NM 87504
(800) 432-2036 or (505) 982-5573
Fax (505) 522-8033