

NON-TORT CLAIM FORM

This claim form is to be used for claims that do not include damages or injuries.

The claim form must be completed in ink (or by typewriter) and mailed to:
Office of the County Clerk, County of Hawai'i, 25 Aupuni Street, Hilo, Hawai'i 96720;
or hand-delivered to: Office of the County Clerk, 333 Kilauea Avenue (Ben Franklin Building),
Second Floor, Room 209, Hilo, Hawai'i, 96720.

No faxed or e-mailed forms will be accepted. Initial questions may be directed to
(808)961-8255.

To expedite processing your claim, please provide detailed information for the following numbered items:

1. Name of Claimant (Please print full name)

2. Address of Claimant (street, city, state, zip code)

3. Telephone Numbers: (business) _____ (residence) _____

4. Nature of Claim (Describe claim. Please provide specific details, and attach additional sheets if necessary.)

5. Value of Claim: \$ _____

6. Please attach as exhibits copies of any document, such as receipts, appraisals, or witness statements, which you feel support your claim.

Signature of Claimant

(Date)

PLEASE BE ADVISED THAT FILING YOUR CLAIM WITH THIS OFFICE DOES NOT FULFILL YOUR NEED TO FILE A LAWSUIT IF YOU DISAGREE WITH THE DECISION ON YOUR CLAIM, REGARDLESS OF WHETHER YOUR CLAIM IS TIMELY INVESTIGATED AND A REPLY MADE TO YOU WITHIN THE APPLICABLE PERIOD WHICH MAY BE AS SHORT AS TWO YEARS.

CLAIM FOR DAMAGE OR INJURY

In order that your claim for damage or injury may receive proper consideration, you must supply the information called for on the attached claim form. All material facts should be stated on this form, as it will be the basis of further action upon your claim. The instructions set forth below should be read carefully before the form is prepared.

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Instructions

Claims for damage to or for loss or destruction of property, or for personal injury, must be signed by the owner of the property damaged or lost, or by the injured person. If by reason of death or disability, or for reasons satisfactory to the County of Hawai'i, the foregoing requirements cannot be fulfilled, the claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the County is submitted with the claim form establishing the agent's or representative's authority to act on behalf of the claimant.

The basis for liability in the amount claimed should be substantiated with competent evidence as follows:

- (a) In support of a claim for personal injury or death, the claimant must submit a written report by the attending physician showing the nature, extent and cause of injury, the nature, extent and justification for the treatment chosen, the degree of permanent disability, if any, the prognosis, and the period of hospitalization or incapacitation attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of a claim for damage to property which has been or can reasonably be repaired, the claimant must submit at least two itemized signed statements or estimates by reliable disinterested concerns, and if payment has been made, the itemized, signed receipts evidencing payment.
- (c) In support of a claim for damage to property which is not repairable, or if the property is lost or destroyed, the claimant must submit statements as to the original cost of the property, the date of purchase, and the value of the property at the time of the loss. Such statements should be confirmed by disinterested, competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

YOUR CLAIM WILL NOT BE CONSIDERED UNTIL THE REQUIRED SUPPORTING DOCUMENTS ARE PROVIDED BY YOU

PROOF OF LOSS FOR
CLAIM FOR DAMAGE OR INJURY*
(Attach additional sheets if necessary)

1. Name of Claimant (please print full name)

2. Address of Claimant (street, city, state, zip code)

Mailing Address of Claimant (if different from above address)

3. Telephone Numbers: (residence) _____ (business) _____

4. Date and Time of Accident: _____

Location of Accident: _____

5. Amount of Claim: Property Damage \$ _____

 Personal Injury \$ _____

 TOTAL \$ _____

6. Description of Accident (Detail known facts and circumstances about the damage or injury. Identify persons and property involved and the cause thereof. Use additional sheets of paper if required.)

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7. Property Damage:

Name of Owner, if other than Claimant _____

Address of Owner, if other than Claimant (street, city, state, zip code)

Mailing Address of Owner (if different from above address)

Briefly describe kind and location of property and nature and extent of damage.
(See instructions for method of substantiating claim.)

8. Personal Injury (State nature and extent of injury which forms the basis of this claim.)

9. Witnesses:

<u>Name</u>	<u>Address</u>	<u>Telephone No.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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10/05

ITEMS #10-#12 PERTAIN TO AUTO CLAIMS. IF THESE DO NOT APPLY, PROCEED TO ITEMS #13, #14, SIGN AND DATE.

In order that subrogation claims may be adjudicated, it is essential that you provide the following information regarding the insurance coverage of your vehicle:

10. Do you carry automobile insurance? Yes _____ No _____

Give name and address of insurance company and policy number.

11. Have you filed a claim on your insurance carrier in this instance?

Yes _____ No _____

Do you have full coverage or a deductible? _____

What is your deductible? _____

If such claim has been filed, what action has your insurer taken, or what action does it propose to take with reference to your claim? (It is necessary that you ascertain these facts.)

12. Do you carry public liability and property damage coverage?

Yes _____ No _____

13. Have you reported your accident/incident to the police?

Yes _____ Report Number _____

Please submit report.

No _____ Why? _____

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14. Please provide the following information and materials:

- _____ a. Verified copies of all bills or expenses claimed to have been incurred as a result of the incident or accident.
- _____ b. Medical reports detailing the diagnosis, prognosis and causation of any claimed injury, together with a statement as to the nature and extent of permanent injury, if any.
- _____ c. Certified appraisals or repair estimates of property damage, if any.
- _____ d. Verified statement of loss of wages and/or time and/or sick leave used from employer.
- _____ e. Amount and nature of Workers' Compensation payments, if any.
- _____ f. Nature and amount of payments received under medical plans, and the name of said medical plan, if any.
- _____ g. Other: _____

SIGNATURE OF CLAIMANT

DATE OF CLAIM

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