

Town of Manchester
Property Damage Claims Instructions

The Town of Manchester has established procedures for filing property damage claims against the Town.

Notice

Pothole Claims: Please be aware that under Connecticut law, the Town is generally not responsible to pay claims for damages resulting from potholes. Among other things, if it is determined that you had an opportunity or ability to avoid damage, then you may not recover from the Town.

Mailbox Claims:

It is the Town's policy to replace a mailbox struck by a Town vehicle if the mailbox was mounted on a sturdy post and located according to U.S. Postal Service standards. The post office will not deliver mail until the mailbox is replaced.

Mailbox installation standards are summarized as follows:

- The box should be 3 1/2 to 4 feet from ground level to the bottom of the box.
- The face of the box should be flush with the back of the curb or set back 6 to 12 inches from the edge of the road.
- All mailboxes should have a handle, a flag, and the house number on the right hand side as you face it from the street.
- Customers must keep the approach to their mailbox clear of obstructions to allow safe access for delivery. If USPS employees are impeded in reaching a mail receptacle, the Postmaster may withdraw delivery service.
- Curbside mailboxes must be placed to allow safe and convenient delivery by carriers without leaving their vehicles.

Claims must be submitted to the Town Clerk pursuant to these instructions. Your claim will then be forwarded to the Town Attorney's office for review, approval, denial or submission to the Town's insurance administrator.

1. Any claimant seeking to make a property damage claim against the Town of Manchester must submit the attached "Claims Form" to: Manchester Town Clerk, P. O. Box 191, 41 Center Street, Manchester, CT 06045-0191 as follows:
 - A. Within ninety (90) days from the date of the incident for claims alleging property damage resulting from a defective highway or sidewalk, and
 - B. Within six (6) months of the day of the incident for all other claims alleging property damage.

2. Claim forms must be fully completed and signed. Failure to do so may result in the denial of your claim. If a part of a question is inapplicable, claimant must indicate such inapplicability by placing “N/A” in the space provided.
3. All relevant estimates, receipts and insurance statements must be submitted with the claim form. Failure to do so may result in denial of your claim. Claimants who dispose of the property or have repairs done, do so at their own risk.
4. One (1) repair estimate and a copy of any public record report filed with relevant Town departments (such as police reports) are required for all property damage claims.
5. Claims alleging defective street conditions and claims alleging defective Town sidewalks, sewers, trees, or facilities must be reported to the relevant Town department (e.g., Police Public Traffic, WPCA, Parks, etc.) within twenty-four (24) hours of the incident. Such reports shall include, but are not limited to, the exact date and approximate time of incident, a detailed description of the incident and the location (e.g., street name and address, nearest intersection street(s) and landmarks, (if any)).
6. All insurance payments that you receive in connection with your claim must be reported promptly in writing to the Town Attorney’s office. All such correspondence should reference claimant’s name and the date of the incident. Additionally, claimant must include a letter from the insurance carrier when said carrier denies coverage for the property damage, which is the subject of this claim. If the damaged property is not insured, claimant must so state in the appropriate section of the Claim Form.
7. Claimants may be required to agree to a visit by a claims adjuster hired by the Town’s insurance administrator to determine actual monetary loss. If a claimant refuses to permit said adjuster to assess property damage, your claim may be denied.
8. Address and telephone number changes must be reported promptly in writing to the Town Attorney’s office.
9. Payment of your claim will require your signature on a form releasing the Town from any further liability for the same incident.

PLEASE KEEP THIS PAGE FOR INFORMATION
DO NOT SUBMIT IT WITH YOUR CLAIM FORM

TOWN CLAIM FORM IS BELOW

**TOWN OF MANCHESTER
PROPERTY DAMAGE CLAIM FORM**

1. Name: _____

2. Address: _____

3. Telephone: Day: _____ Evening: _____ Cell: _____

4. Check the type of claim:

Automobile Accident _____ Defective Sidewalk _____ Other _____

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5. Below, explain the circumstances of the incident for which you are claiming property damage. **Please include the date, time, and the exact location of the alleged incident.**

Date: _____ Time: _____ Location: _____

6. What is the total amount of your claim against the Town: \$ _____

7. Property damage estimate(s) or receipt(s) must be submitted with this form in order to process your claim. Attach estimate(s) or receipt(s) to this form. List the total of the estimate(s) or receipt(s) and the name of the vendor. Indicate whether each amount listed relates to an estimate or receipt by circling the appropriate word below.

a. \$ _____ Vendor _____ ESTIMATE or RECEIPT

b. \$ _____ Vendor _____ ESTIMATE or RECEIPT

8. Is this the only claim you have ever submitted to the Town? _____

If "no," list all other claims you have submitted, including for each claim the date of submittal, the type of claim, the amount of the claim, and the final disposition of the claim.

9. Do you have insurance on the damaged property? _____

a. If "yes," list the name, address, and telephone number of your insurance company and/or agent, and your insurance policy number. Attach a copy of the statement of applicable coverage for the damaged property.

b. Have you submitted a claim to your insurance carrier? ____ If "yes," when _____

c. Does your insurance cover this claim? _____ If "no," attach a letter from your insurance carrier indicating the lack of coverage.

d. What is your deductible? \$ _____

e. Have you received any insurance for this accident? _____
If "yes," how much \$ _____

f. Has any vendor received any insurance payment on your behalf for this accident? _____
If "yes," how much \$ _____

10. List each Town department or agency you reported this incident to, the date you reported it, and the name of the person you spoke to. Attach each incident report to this form.

Agency/Dept. _____ Date _____ Employee _____

Agency/Dept. _____ Date _____ Employee _____

I, the undersigned, do affirm the truthfulness and accuracy of the information above and that attached hereto in support of this claim against the Town of Manchester for the property damage. I understand that I have an obligation to inform the Town of any insurance payments made to me or to any vendor on my behalf for this incident.

Claimant: _____
(signature)

Date: _____

(printed name)