

MAKING A CLAIM AGAINST THE CITY OF MONCTON

How to file a claim

You are required to submit a claim form, letter, e-mail, or fax, to the City of Moncton's Legal Department for property damage or injury.

*** To bring an action against the City for **personal injury**, you are also required to notify the City Clerk in writing, and copy the Legal Department, of the event that gave rise to the damages for personal injury. See subsection 181(1) of the *Local Governance Act*, S.N.B. 2017, c. 18.

The claim letter **should** include the following:

- Your name, home address, phone number and e-mail address
- Date, time and location of accident which caused the property damage or injury
- Exact municipal address, we also encourage to include a diagram and/or photo of accident location to be submitted with claim letter
- Describe how the accident happened and names, phone numbers of any witnesses
- Detailed description of your property damage or injury
- Include documentation that you believe supports your claim such as: photos, receipts and estimates
- Outline why you believe the City is responsible for the accident
- Did you report this accident to the City, if so, please provide name(s) of City staff and/or department(s) involved

Where to submit your claim

Your claim can be received by e-mail, mail or fax:

E-mail:	Info.Legal@Moncton.ca
Mail:	Legal Department City Hall 655 Main Street Moncton, NB E1C 1E8
Fax:	506-859-2610

Important Notes:

Potholes *The City identifies potholes through regular patrols and as reported by the public to Public Works. If you see a pothole on a city street, call 506-859-2643 or [report it online](#) on "Report a problem". Courts have determined that municipalities are not responsible for damages caused by potholes. Unfortunately in this climate potholes are a fact of life, and claims for damage caused by potholes will be denied. Your only recourse would be to prove the City negligent in a Court of Law.*

Motor Vehicle Accidents *As per the Insurance Act, insureds now deal only with their own insurers and cannot claim against third parties or their insurance companies. Their own insurers will indemnify them for the cost of repairs as well as for damage to contents carried in the vehicle and its loss of use subject to the extent they are not at fault. Should you be involved in a Motor Vehicle Accident with a City of Moncton vehicle, and you feel that it is the fault of the driver of the City of Moncton's vehicle, you will need to contact your insurance company and open a claim under Direct Compensation Property Damage (DCPD).*

When claims involve contracted companies *The City of Moncton frequently enters into contracts with independent companies (contractors) who perform work on the City's behalf. The City's agreements with the contractors contain a strict requirement that they respond directly to claims for any damage or injury they may have caused to the public. You are to submit your claim directly to the contractor for their investigation and liability determination.*

If you still wish to pursue your claim after being denied compensation, your next option is to proceed with legal action. For more information regarding the claims process, please contact the City of Moncton's Legal Department at 506-853-3550.

CLAIM FORM

CLAIMANT INFORMATION

Name: _____ Home Number: _____
 Address: _____ Cell Number: _____
 E-Mail Address: _____ Work Number: _____

ACCIDENT DETAILS

Date, time and location of accident which caused the property damage or injury:

DESCRIPTION OF ACCIDENT

Description of how the accident happened and names, phone numbers or any witnesses:

PROPERTY DAMAGE OR INJURY DETAILS

Detailed description of your property damage or injury. Include documentation that you believe support your claims such as: photos, receipts, and estimates:

CITY'S RESPONSIBILITY

Outline why you believe the City is responsible for the accident: (i.e. what evidence of negligence you may have)

REPORTED TO CITY

Did you report this accident to the City, if so, please provide name(s) of City staff and/or department(s) involved:

Claimant's Signature