

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: _____

Phone: ____ (____) ____-____ Cell: ____ (____) ____-____ Email: _____

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

Address or Detailed Location of Occurrence: _____

Please describe what happened: (continue on blank sheet if necessary) _____

Witness Name: _____

Contact #: (____) ____-____

Witness Name: _____

Contact #: (____) ____-____

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

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

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

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

THIS SIDE FOR MUNICIPAL/PUBLIC ENTITY OFFICIAL USE ONLY.

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