



NOTICE OF CLAIM
OF
PERSONAL INJURY OR PROPERTY DAMAGE

FILE THIS CLAIM FOR AN INJURY OR PROPERTY DAMAGE WITH:

NEW BRAUNFELS UTILITIES
RISK MANAGEMENT
1488 S SEGUIN AVE
NEW BRAUNFELS, TEXAS 78130-3853

Telephone No: Home ()
Work ()
Other ()

Name: _____

Address: _____ City _____ State _____ Zip _____

If known, the TOTAL amount of your claim against the NEW BRAUNFELS UTILITIES is: \$ _____

DESCRIBE HOW THE ACCIDENT OR DAMAGE OCCURRED (Attach additional pages if necessary). Please attach copies of medical report, bills and damage estimates related to your claim.

Multiple horizontal lines for describing the accident or damage occurred.

LOCATION (Please be specific):

Date of Accident or Damage _____ **Time of Accident or Damage** _____ A.M. P.M.

NAME OF NBU EMPLOYEE(S) INVOLVED (if any): _____

OTHER PARTY OR WITNESS INFORMATION: Please give the name, address and telephone number of any other person involved and or each witness.

Name	Address	Telephone Number

POLICE CASE NUMBER (if applicable): _____

I confirm that the following statements are true and correct to the best of my knowledge.

Signature _____ Date _____

Your claim will be investigated and an adjuster may be assigned. Please note that submitting this “Notice of Claim” does not ensure the claim will be approved and damages paid. You will be notified of the decision on your claim.

If you have any questions please contact:

**NEW BRAUNFELS UTILITIES
RISK MANAGEMENT
1488 S SEGUIN AVE
NEW BRAUNFELS, TEXAS 78130
830-629-8448
claimsadmin@nbutexas.com**