



PHILADELPHIA WATER DEPARTMENT  
OFFICE OF THE DIRECTOR OF FINANCE  
Risk Management Division – Claims Unit

1515 Arch Street – 14<sup>th</sup> Floor  
Philadelphia, PA 19102-1579  
(215) 683-1713

Dear Sir or Madam:

Enclosed is a General Claim Information Form for you to complete and return to us. Please note this form is for Property Damage claims. Please complete those sections that apply to your claim and disregard anything that does not apply. **Date of Birth and Social Security Number or Tax Identification Number** must be completed for all claims.

If you are covered under a homeowners' liability insurance policy or business liability insurance policy, you must notify your primary insurance company of this occurrence. According to the Governmental Immunity Tort Act, recovery on a claim against the City of Philadelphia is limited to the amount of an uninsured loss where the City of Philadelphia holds liability. The Governmental Immunity Tort Act does not permit an insurance company to bring a subrogation action against the City of Philadelphia.

Be advised that under the Governmental Immunity Tort Act, the City of Philadelphia must have written notice of your claim within six months of the date of loss. Also, the statute of limitation in the state of Pennsylvania is two years from the date of loss, which means your claim must be filed within two years or you are barred from recovery. Please note that the statute of limitation in the state of Pennsylvania for minors is two years from the date of their eighteenth birthday. To extend the statute you must file a Cause of Action within the two-year period.

Once we receive your General Claim Information Form, your case will be assigned to an adjuster who will contact you to discuss your claim. The turnaround time depends on our volume. All documents requested on the form must be sent to us with your completed claims form.

Sincerely,

Philadelphia Water Department/Risk Management Division - Claims Unit

### **FRAUD WARNING**

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY, MUNICIPALITY OR ANY OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

05/23/2023

**PHILADELPHIA WATER DEPARTMENT**  
**Risk Management Division – Claims Unit**  
**1515 Arch Street – 14<sup>th</sup> Floor**  
**Philadelphia, PA 19102-1595**  
**(215) 683-1713**  
[Risk.Management@phila.gov](mailto:Risk.Management@phila.gov)

**GENERAL CLAIM INFORMATION FORM**  
**Philadelphia Water Department**

<b>1. PROPERTY OWNER</b>	<b>2. CLAIMANT/TENANT (if different from property owner)</b>
Name (please print)	Name (please print)
Address Zip Code	Address Zip Code
Social Security Number/Tax Identification Number	Social Security Number/Tax Identification Number
Date of Birth	Date of Birth
Telephone No.	Telephone No.
Email:	Email:

<b>3. ADDRESS OF PROPERTY WHERE DAMAGE OCCURRED</b>	<b>4. WATER OR SEWER SYSTEM BREAKAGE LOCATION (ex. water main, stormwater inlet)</b>

**Under Pennsylvania Law your primary source of recovery for your damage is your insurance company. We advise you to contact them immediately about your loss.**

**IN ADDITION TO COMPLETING THIS FORM, PLEASE PROVIDE THIS OFFICE WITH THE FOLLOWING DOCUMENTATION:**

- A COPY OF YOUR INSURANCE DECLARATION PAGE COVERING THE DATE OF THE ACCIDENT/INCIDENT
- WRITTEN ESTIMATES ITEMIZING PART(S), PRICE, AND LABOR
- PHOTOGRAPHS OF YOUR DAMAGED PROPERTY
- PHOTOGRAPHS OF THE DEFECTIVE CONDITION THAT CAUSED THE ACCIDENT/INCIDENT

**ALL DOCUMENTATION SUBMITTED WITH THIS FORM BECOMES PROPERTY OF THE CITY OF PHILADELPHIA AND ARE NON-RETURNABLE.**

**FRAUD WARNING**

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY, MUNICIPALITY OR ANY OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

