

## STANDARD CLAIM FORM

All claims for personal or property damages resulting from a defect in the public way must be filed within **thirty (30) days** of the date of the incident per the Statute of Limitations, Massachusetts General Laws Chapter 84, § 18.

All other negligence-based claims generally must be received by the Boston Water and Sewer Commission within two years of the incident, per the Statute of Limitations of the Massachusetts Tort Claims Act, M.G.L. Chapter 258. Submission of this form does not constitute notice to the Executive Director of the Boston Water and Sewer Commission for purposes of M.G.L. Chapter 258, § 4.

Boston Water and Sewer Commission is a public agency and its records, including the information requested on this form, are public records, unless otherwise specifically exempted under M.G.L. Chapter 66, § 10, and may be subject to public disclosure.

To file this form, please email it to [claims@bwsc.org](mailto:claims@bwsc.org), or mail or deliver the original claim form:

By email: [claims@bwsc.org](mailto:claims@bwsc.org)

By mail:  
Boston Water and Sewer Commission  
Attn: Legal Department  
980 Harrison Avenue  
Boston, MA 02119

By fax: (617) 989-7736

Please note:

- In addition to this form, please submit any additional documents that support your claim, including but not limited to photographs, appraisals, estimates, medical bills, or receipts of any kind relating to the claimed loss. BWSC will review a claim only when such supporting information is provided.
- **Please do not include or attach any personally identifying information, such as social security numbers, medical files, health care policy numbers, or other similar information.**
- **For property damage claims:**
  - Claimants must provide documentation to support proof of damages and alleged losses, such as repair estimates, itemized receipts, and photographs.
  - Claimants are encouraged to contact their insurance companies.
- **For vehicle claims:**
  - The owner of the vehicle must be the claimant submitting this form for consideration. If this claim for vehicle damages is due to a defect in the public way, the Commission may request additional information regarding vehicle ownership.
  - Proof of vehicle ownership (e.g., vehicle registration) must be submitted as a supporting document with any claim for vehicle damages.
- **For subrogation claims:** Please include the policyholder's name and your file number as part of the "Claimant Information" section.
- Please sign and date this form. BWSC will not accept or process unsigned claims forms.

BWSC strives to complete its review of the claim within four to six weeks of its receipt of all relevant information; however, for claims filed in response to major water or sewer events, BWSC will confirm receipt of all claims in a timely manner and will make its best efforts to provide updates to claimants throughout its review. Please understand that, due to the complexity of the issues involved in major water or sewer events, the claims process will take longer than six weeks to review.

**CLAIMANT INFORMATION:**

*If you are filing a subrogation claim, please list the insurance company as the claimant.*

Name: \_\_\_\_\_

Policyholder name (subrogation claims only): \_\_\_\_\_

Home address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**INCIDENT INFORMATION:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Description of incident (*attach additional sheets if necessary*):

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Description of property damage (*please provide receipts or estimated for each damaged item*):

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Description of personal injuries:

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**WITNESSES TO INCIDENT**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**WITNESSES TO INCIDENT** (cont.)

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

*Attach additional sheets if necessary.*

**STATEMENTS** (*Statements made to insurance companies, law enforcement, etc.*):

Date(s) made: \_\_\_\_\_

Name/Address/Title of person taking statement:  
\_\_\_\_\_

*Please provide any copies of statements made related to this claim; attach additional sheets if necessary.*

**For Property Damage:**

1. Insurance Company Name: \_\_\_\_\_  
2. Policy Number: \_\_\_\_\_  
3. Has a claim been made for this loss with the insurance carrier?  Yes  No  
4. If Yes, Claim Number: \_\_\_\_\_

**For Vehicle Damage:**

1. Vehicle Make, Model, and Year: \_\_\_\_\_  
2. Insurance Company Name: \_\_\_\_\_  
3. Name of Driver: \_\_\_\_\_  
4. Name of Passenger(s): \_\_\_\_\_

**For Personal Injury Claims:** Hospitals/Doctors/Chiropractors/Physical Therapists

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Dates of Treatment: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Dates of Treatment: \_\_\_\_\_

*Please provide a copy of any records of treatment related to this claim. If you file a claim for personal injury, you will be asked to fill out a Medicare, Medicaid and Schip Extension Act (MMSEA) Reporting Compliance Declaration.*

**DAMAGES / LOSS:**Personal injury/medical expenses:  

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Property damage:  

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Other damages: \_\_\_\_\_

The total amount of damages claimed: \_\_\_\_\_  

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**SIGNATURE***This claim form must be signed by the Claimant.*

As the named claimant above, I certify that the information provided in this claim is accurate and truthful to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_