

Tort Claim Reporting Form		Page 1 of 1	
SC Municipal Insurance & Risk Financing Fund SCMIRF PO Box 12109 Columbia, SC 29211 803-354-4755		Date:	
		Policy Number: P-SCMIRF-1041-2022	
		Insured: City of Westminster	
		Address: PO Box 399 (100 E Windsor St)	
		Westminster, SC 29693	
Date/Time of Accident:	Location of Accident:		
Description of Accident:			
Property Damaged:		Address:	
Owner:		Home Phone:	
Describe Damage:		Where can property be seen?	
Repair Estimate: \$		Cell:	
Injured	Ages	Extent of Injuries:	Phone Numbers:
Name:			
Name:			
Name:			
Witness		Address	
Name:		Phone Number	
Name:			
Remarks:			
Employee with the most knowledge of incident:			
Phone:			
Best time to reach:			
Comments:			

This form must be returned to City Hall for submittal, DO NOT MAIL