NOTICE OF TORT CLAIM
OKLAHOMA MUNICIPAL ASSURANCE GROUP - MUNICIPAL LIABILITY PROTECTION PLAN

MPORTANCE NOTICE: The filing of this form with the City Clerk's office is only the initial step in the claim process and in any manner the acceptance of responsibility by the City or its related entities. Written notice is required by law and shall city Clerk within one (1) year from the date of occurrence. It will then be sent to OMAG Claims Dept. for investigation. them to contact you. Failure to file within such time frame may result in the claim being barred in its entirety. Other licalim may apply (See Oklahoma Statues Title 51, Section 151-172). CLAIMANT(S) Para 5. Gavin	does not indica Il be filed with the You may expe imitations to you
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Describe injury	
ANGENE VALIDATE LAB AT TOTALE AND	
WERE YOU ON THE JOB AT THE TIME OF INJURY? YESNO If so, please give name, add phone number of co	
NAME OF DOCTOR OR HOSPITAL	
ALL MEDICAL BILLS (attach Copies) \$	
LIST OTHER DAMAGES CLAIMED \$	
TOTAL BODILY INJURY\$	
PROPERTY DAMAGE: Proof that you are the owner of the vehicle or property allegedly damaged as specific claim will be required. VEHICLE NAME MAHINGA SOID HST BODY TYPE 400 Transport YEA NOTE: If damage is to a vehicle, a photocopy of your motor vehicle title is required. IF NOT A VEHICLE, DESCRIBE PROPERTY AND LOSS	AR
PROPERTY DAMAGE (Attach repair bills or two estimates) \$	
5. NAME OF YOUR INSURANCE CO. POLICY NO. AMOUNT CLAIMED AMOUNT R	RECEIVED
6. The names of any witnesses known to you.	· · · · · · · · · · · · · · · · · · ·
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TOSEDH A. NASSAR 329 F. HAMES ST MANGEN DK 73554 210-609	-8300
	one Number
GENALD W NASSAR 931 W. HERMOSA SAN ANTONIO TX 78201 210-609-	7977
Name Address Pho	one Number
STATE THE EXACT AMOUNT OF COMPENSATION YOU WOULD ACCEPT AS FULL SETTLEMENT ON THI	
TOTAL CLAIM \$	S CLAIM.
Paula & Sami Action Repair o	
SIGNATURE(S) DATE	C Equipme

AFTER THE PUBLIC ENTITY HAS RECEIVED THIS CLAIM, PLEASE PROVIDE INFORMATION REQUESTED ABOVE AND IMMEDIATELY SEND TO:	OMAG Claims Dept. 3650 S. Boulevard Edmond, OK 73013-5581 Fax (405) 657-1401
Submitted by: Billie Chilson Di	ate July 27 , 2021
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2.	
Persons who have knowledge of the circumstances surrounding this <u>Name</u> <u>Title/Posi</u> 1.	
claim, are attached:	
The following reports, statements or other documentation, which sup	
(Title) Recycling Conter Worker, by telephone at	(580) 303-8714
For further information on this claim contact Jymny Joc	
(Title) City Clerk, on Ju	14 27 ,2021
This Notice of Tort Claim was received by Billie Chilse	· · · · · · · · · · · · · · · · · · ·
B. THIS SECTION IS FOR USE BY THE PUBLIC ENTITY WHICH RECEIVES THE CLAIM	To inquire about this claim you may write to OMAG Claims Dept. or call 1-800-234-9461; or in Edmond call 657-1400