

BOARD OF WATER SUPPLY
KA 'OIHANA WAI
CITY AND COUNTY OF HONOLULU

630 SOUTH BERETANIA STREET • HONOLULU, HAWAII 96843
Phone: (808) 748-5000 • boardofwatersupply.com

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SUBJECT: CLAIM FOR DAMAGE OR INJURY

Attached is the Claim Form to file a claim against the Board of Water Supply (BWS). By providing the attached form to you, the BWS does not admit to any fault, negligence, or liability. Furthermore, the BWS does not consider claims for business income loss, lost wages, benefits, gas charges and/or added insurance coverage affiliated with rental vehicles.

In order for the Board of Water Supply to conduct a meaningful investigation, the form must be completed in detail and in its entirety. All material facts should be clearly stated; you may use additional pages if necessary. All supporting documentation available at the time of filing, should be attached. Pursuant to the Revised Charter of the City and County of Honolulu, Section 7-117, **your Claim Form must be filed with the BWS within six months after the date of sustaining the injury/loss.**

Claims for property damage, loss or destruction must be signed by the owner of the property. Claims for personal injury must be signed by the injured person, or by a parent or guardian in the case of a minor. If that person cannot sign the form because of death, disability or other reasons acceptable to the BWS, then a duly authorized agent or other legal representative may file a claim and provide evidence satisfactory to the BWS of their authority to act on behalf of that person.

You have two (2) years from the date of the incident to finalize your claim. Please be aware that Hawaii law provides that any lawsuit based upon the incident described in the attached claims form must be filed within two (2) years of the date of such incident, and that two (2) year period is not extended by the filing of a claim form.

You may submit your Original Claim Form by Email to ES_Claims@hbws.org, but the Hard Copy must also be transmitted by Mail to:

Board of Water Supply
ATTN: Risk Management
630 S. Beretania St.
Honolulu, HI 96843

Retain these pages and a copy of your claim form for your future reference. Should you have any further questions, you may contact our Risk Management Office at (808) 748- 5119.

ADDITIONAL INFORMATION

Please take the actions necessary to mitigate damage to your property; but DO NOT discard items that are part of the claim until BWS has inspected the damage. Once the BWS investigation is complete, you will be notified if the claim will be honored or denied.

Please be advised that the claim process is lengthy, and review of your claim may take in excess of six (6) months. For this reason, please consider notifying your Auto, Homeowner's, or Commercial insurance carrier, as applicable, to report a loss under the policy. Should your carrier provide coverage for these damages, they may be able to provide you more immediate assistance. Your insurance carrier may then contact the Board of Water Supply to seek recovery.

You must value your claim and provide a specific dollar amount on the claim form. If your claim is accepted by the BWS, the dollar amount of your claim will need to be documented by independent verification and evidence. However, if you do not have that information at this time, you may still submit your claim form and provide supporting documentation as it becomes available.

The following are examples of acceptable means of independent verification or documentation:

- For damage to property (proof of ownership may be required) that has been or can be economically repaired, the submission of photographs of the damaged property and two itemized signed statements or estimates by reliable and independent parties.
 - If you elect to immediately repair damages on your own and/or payment has already been made, an itemized statement or receipt showing that the payment was actually received shall be submitted.
- For damages to a motor vehicle, copies of the vehicle registration and the insurance card in force on the applicable date of loss will be required.
- For lost or destroyed property, or for damage to property which cannot be economically repaired, submission of statements itemizing each item, original cost of the item, date purchased, where purchased and the value of the item before and after the incident can be used in determining the actual cash value of the claim.
- For personal injury or death, medical information will be required. This may involve securing an authorization to release medical information, securing a report from a doctor or certificate of death.

CLAIM FORM

Board of Water Supply
 Attn: Risk Management
 630 South Beretania Street
 Honolulu, Hawaii 96843

office phone: 808-748-5119
 fax: 808-550-5023
 email: ES_Claims@hbws.org

This claim will not be processed unless filled in completely. Print in ink or use typewriter.

Questions? Call or Email the Risk Management Office

Claimant's/Victim's Name	Occupation	Phone: Cell Phone:						
Residence Address	Place of Employment	Residence: Business: email address:						
Location of Occurrence/Address		Date and Time of Incident						
Extent of Injuries/Damages								
Accident Description								
<table border="1"> <tr> <th>Witness to Accident/Injury Name</th> <th>Address</th> <th>Phone Numbers/Email addresses</th> </tr> <tr> <td colspan="3"> </td> </tr> </table>			Witness to Accident/Injury Name	Address	Phone Numbers/Email addresses			
Witness to Accident/Injury Name	Address	Phone Numbers/Email addresses						
Amount of Claim	If medical, attach doctor's reports and bills. Other damages, itemize or attach bills or estimates.							

Claims must be filed within six months after the date of sustaining the injury/damages.

By signing this form, I hereby certify that the information and claim submitted are true and correct

Date _____

 Signature of Person Filing Claim under Oath

Falsifying a claim is a violation of HRS 46-171, et seq., and could result in a civil penalty of not less than \$5,000 and not more than \$10,000, plus treble damages.

 Address

 City

 State

 Zip Code