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Reset

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		

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

Address

City State Zip Code

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.

NOTICE: Filing this claim does not extend, suspend, or toll any applicable statute of limitations. Claimants remain responsible for timely filing any lawsuit and complying with all applicable legal deadlines.