

CITY OF NORMAN
PO BOX 370
NORMAN, OK 73070

NOTICE OF TORT CLAIM

CLAIMANT: Xiangyu Bing DATE: Nov. 29, 2014
ADDRESS: 401 12th AVE SE Apt 140 CITY: _____
STATE: OK ZIP: 73071 PHONE: _____ (H) 773-744-2212 (W)

DATE OF INCIDENT: Nov. 24, 2014

LOCATION OF INCIDENT 401 12th AVE SE Apt 140 parking lot

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE THE CITY OF NORMAN IS LIABLE:

A City Vehicle struck my car when my car parked in
the parking lot where in front of my condo. I received
the card that gave me name and phone number to contact.
It is Brandon Mcleodon, 405-615-9176.

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment: (Receipts are necessary)

<u>Leon Pierce Body Repairs</u>	<u>\$ 1973.82</u>	<u>\$</u>
<u>Collision Works</u>	<u>\$ 1758.14</u>	<u>\$</u>
<u>Flair Body Works</u>	<u>\$ 1658.54</u>	<u>\$</u>

TOTAL AMOUNT CLAIMED \$ _____

NAME AND ADDRESS OF INSURANCE COMPANY: _____

AGENT: _____

THIS FORM MUST BE SIGNED AND RETURNED WITH ALL REQUESTED INFORMATION IN ORDER TO BE PROCESSED.

I SWEAR AND/OR AFFIRM THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT.
FILED IN THE OFFICE OF THE CITY CLERK ON 12-29-14
Xiangyu Bing
CLAIMANT'S SIGNATURE