CITY OF NORMAN
POST OFFICE BOX 370
NORMAN, OKLAHOMA 73070

NOTICE OF TORT CLAIM

CLAIMANT: Cheong Tai Ong DATE: 8/27/2012

ADDRESS: 2616 S.W. 138th CITY OKC

STATE: OK ZIP: 73170 PHONE: (H) 4056928928 (W) 4056855745

DATE OF INCIDENT: 8/13/2012

LOCATION OF INCIDENT: West Lindsey street

STATEMENT OF CIRCUMSTANCES / REASONS YOU BELIEVE CITY IS LIABLE:

An employee name Goodman Mark drive
a City of Norman's car hit my car at the back
Include a copy of police Norman's Report
my son Johnson Ong is the driver

(use additional pages if necessary)

MONETARY STATEMENT: List of expenses claimed for payment:

_____ $ _____ _____ $ _____

_____ $ _____ _____ $ _____

_____ $ _____ _____ $ _____

TOTAL AMOUNT CLAIMED: $ _____

NAME AND ADDRESS OF INSURANCE COMPANY: _____

Hartford Insurance AGENT: Trent

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.

Ong

CLAIMANT'S SIGNATURE

FILED IN THE OFFICE OF THE CITY CLERK ON 12-17-12