

**CLAIM AGAINST THE CITY OF NEW YORK
FOR PROPERTY DAMAGE OR LOSS**

*******READ & FOLLOW THE INSTRUCTIONS ON THE REVERSE SIDE*****
TYPE OR PRINT ALL INFORMATION CLEARLY**

1 – PERSONAL INFORMATION

Last Name of Claimant	First Name	
Address	Borough	Zip Code
Date of Birth	Social Security #	Telephone #
Cell #	Fax #	E-Mail Address

2 – INSURANCE INFORMATION

Name of Carrier: _____

Complete Street Address: _____

Policy Number: _____ Name of Agent: _____ Tel#: (____) _____

Do you have Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you report accident To your Insurance co.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you paid by your Insurance Co.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Deductible? _____
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3 – DAMAGE OR LOSS INFORMATION

Exact Date of Occurrence: Month: _____ Day: _____ Year: _____ Time: _____ am: _____ pm: _____

Exact Accident Location: _____

Detailed Description of Damage or Loss:

Did the Police Investigate the Accident? Yes ___ No ___ If YES, then identify the Police Officer with the following:

4 – LIST OF DAMAGES AND COST

Date:	Description:	Cost:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL AMOUNT OF CLAIM IS: _____

5 – IMPORTANT INSTRUCTIONS FOR FILING THIS CLAIM

CLAIMS MUST BE FILED WITHIN 90 DAYS FROM THE DATE OF THE INCIDENT AT THE NEW YORK CITY COMPTROLLER'S OFFICE, 1 CENTRE STREET, ROOM 1225, NEW YORK CITY, NEW YORK, 10007. COMPLETE ALL THE QUESTIONS ON BOTH SIDES OF THIS CLAIM FORM WHICH APPLY TO YOUR CLAIM.

PURSUANT TO STATE AND FEDERAL LAWS, THE COMPTROLLER'S OFFICE IS AUTHORIZED TO OBTAIN SOCIAL SECURITY NUMBERS FOR TAX REPORTING PURPOSES AND FOR THE COLLECTION OF LIENS HELD BY THE CITY AND STATE.

WE REQUIRE COPIES OF THE FOLLOWING DOCUMENTS:

- **ITEMIZED STATEMENTS OF ESTIMATES OF DAMAGES.**
- **ITEMIZED PAID BILLS, CANCELLED CHECKS, ETC. AS PROOF OF PAYMENT FOR THE REPAIR OF THE DAMAGE.**
- **PHOTOGRAPHS OF DAMAGE DONE TO PROPERTY, IF AVAILABLE, WITH YOUR NAME AND ADDRESS PRINTED CLEARLY BEHIND EACH ONE SUBMITTED.**
- **NOTARIZED WITNESS STATEMENTS, IF AVAILABLE.**

6 – NOTARY CERTIFICATION

Claimant's signature: _____

Date: _____

State of New York] ss:
County of

_____ being duly sworn deposes and says that I have read the foregoing NOTICE OF
(PRINT NAME)

CLAIM and know the contents thereof; that the same is true to the best of my own knowledge except as to the matters therein stated to be alleged upon information and belief, and as to those matters. I believe them to be true.

Signature of Claimant: X: _____ Date: _____

IMPORTANT: IF THE CLAIM IS NOT SETTLED, YOU MUST START LEGAL ACTION WITHIN ONE YEAR AND NINETY DAYS FROM THE DATE OF THE INCIDENT.

NOTARY PUBLIC STAMP

Sworn to before me this _____

Day of _____ 20_____

(Signature of Notary Public)