



## Vehicular Property Damage Claim Form

Electronically filed claims must be filed at the NYC Comptroller's Website. If your claim is not resolved within 1 year and 90 days from the date of occurrence you must start legal action to preserve your rights.

**I am filing:** ☐ On behalf of myself.

☐ On behalf of someone else. If on someone else's behalf, please provide the following information.

Last Name:

First Name:

Relationship to the claimant:

### Claimant Information

\*Last Name:

\*First Name:

Address:

Address 2:

City:

State:

Zip Code:

Country:

Date of Birth: *Format: MM/DD/YYYY*

Soc. Sec. #

HICN:

(Medicare #)

Date of Death: *Format: MM/DD/YYYY*

Phone:

\*Email Address:

Retype Email

Address:

Occupation:

City Employee? ☐ Yes ☐ No ☐ NA

Gender ☐ Male ☐ Female ☐ Other

☐ Attorney is filing.

### Attorney Information (If claimant is represented by attorney)

Firm or Last Name:

Firm or First Name:

Address:

Address 2:

City:

State:

Zip Code:

Tax ID:

Phone #:

\*Email Address:

\*Retype Email  
Address:

### The time and place where the claim arose

\*Date of Incident: *Format: MM/DD/YYYY*

Time of Incident: *Format: HH:MM AM/PM*

\*Location of  
Incident:

Address:

Address 2:

City:

State:

Borough:

**\* Denotes required fields.**

**A Claimant OR an Attorney Email Address is required.**



New York City Comptroller  
John C. Liu

Office of the New York City Comptroller  
1 Centre Street  
New York, NY 10007

**\*Manner in which  
claim arose:**

***\* Denotes required field.***

**The items of  
damage claimed  
are (include dollar  
amounts):**



### Witness 1 Information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

### Witness 2 Information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

### Witness 3 Information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

### Police Information

Police Officer Last Name:	
Police Officer First Name:	
Shield Number:	
Precinct:	
Report Number:	

Do you have a copy of the Police Report? ☐ Yes ☐ No

### Witness 4 Information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

### Witness 5 Information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

### Witness 6 Information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

### AUTHORIZATION TO INSPECT AND APPRAISE YOUR VEHICLE'S DAMAGE

**You must complete the following. By completing the following you are allowing us to inspect and appraise your vehicle.**

Make, Model, Year of Vehicle:	
Plate #:	
VIN Number:	
Mileage	
Location where the vehicle can be seen:	
Phone:	



### Vehicle information

Owner Last Name	
Owner First Name	
Make, Model, Year of Vehicle:	
Mileage	
Color	
Plate #:	

### Driver information if different than claimant

Last Name:	
First Name:	
Address:	
Address 2:	
City:	
State:	
Zip Code:	
Country:	
Phone:	
Email Address:	
Retype email Address:	
Occupation:	
City Employee?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other

### NYC vehicle information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

Vehicle Type:	
Plate #:	
Towed Away?	<input type="radio"/> Yes <input type="radio"/> No

### Insurance Information

Do you have collision insurance?	<input type="radio"/> Yes <input type="radio"/> No
Did you report your accident to your insurance company?	<input type="radio"/> Yes <input type="radio"/> No
Were you paid by your insurance company?	<input type="radio"/> Yes <input type="radio"/> No
Is payment pending?	<input type="radio"/> Yes <input type="radio"/> No
Deductible Amount:	
Insurance Company Name:	
Address:	
Address 2:	
City:	
State:	
Zip Code:	
Policy #:	
Phone #:	
Agent Name:	

### Tow Claims

Tow Date:		Format: MM/DD/YYYY
Tow Time:		Format: HH:MM AM/PM
Location vehicle was picked up at		
Receipt Number:		
Voucher Number:		
Was vehicle released or towed?	<input type="radio"/> Released <input type="radio"/> Towed <input type="radio"/> NA	
Redemption Date:		Format: MM/DD/YYYY
Time of tow:		Format: HH:MM AM/PM
Location of tow:		
From:		
To:		
Towed by Sheriff or Marshall?	<input type="radio"/> Sheriff <input type="radio"/> Marshall <input type="radio"/> NA	
District Attorney Release Number:		



### Conditions and description of accident/incident location

Choose the actions of the vehicle before the accident:

	Yours	NYC
Going straight ahead	<input type="checkbox"/>	<input type="checkbox"/>
Making a right turn	<input type="checkbox"/>	<input type="checkbox"/>
Making a left turn	<input type="checkbox"/>	<input type="checkbox"/>
Making a U-turn	<input type="checkbox"/>	<input type="checkbox"/>
Starting from a parked position	<input type="checkbox"/>	<input type="checkbox"/>
Starting in traffic	<input type="checkbox"/>	<input type="checkbox"/>
Slowing or stopping	<input type="checkbox"/>	<input type="checkbox"/>
Stopped in traffic	<input type="checkbox"/>	<input type="checkbox"/>
Entered a parked position	<input type="checkbox"/>	<input type="checkbox"/>
Parked	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding object in roadway	<input type="checkbox"/>	<input type="checkbox"/>
Overtaking	<input type="checkbox"/>	<input type="checkbox"/>
Merging	<input type="checkbox"/>	<input type="checkbox"/>
Backing	<input type="checkbox"/>	<input type="checkbox"/>
Changing lanes	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Describe damage to your vehicle. Include:

What caused the accident?

Was the location under repair?

Were the repairs recently completed?

Does the defect appear to be man-made?

Name of Construction Company?

Was the defect next to a manhole? If yes, please specify which utility by name.

What are the measurements of the defect? (length, width, depth)

### Roadway surface conditions - Check all that apply

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Dry                              | <input type="checkbox"/> Snow or ice |
| <input type="checkbox"/> Wet                              | <input type="checkbox"/> Slush       |
| <input type="checkbox"/> Construction (man-made cut)      | <input type="checkbox"/> Muddy       |
| <input type="checkbox"/> Potholes (wear & tear condition) | <input type="checkbox"/> Other       |

### Traffic Control

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> None                     | <input type="checkbox"/> Red - Green |
| <input type="checkbox"/> Red - Green - Yellow     | <input type="checkbox"/> Stop Sign   |
| <input type="checkbox"/> Flashing                 | <input type="checkbox"/> Not Working |
| <input type="checkbox"/> Person directing traffic |                                      |

### Weather Conditions

- |  |                                |   |
|--|--------------------------------|---|
| <input type="checkbox"/> Clear                         | <input type="checkbox"/> Rain  | <input type="checkbox"/> Fog/Smoke/Smog |
| <input type="checkbox"/> Sleet/Hail/Freezing/Rain/Snow | <input type="checkbox"/> Other |   |

**Accident Diagram: Choose one of these diagrams if it describes the accident.**

<b>Left Turn</b>  <input type="radio"/> 1	<b>Rear End</b>  <input type="radio"/> 2	<b>Overtaking</b>  <input type="radio"/> 3
<b>Left Turn</b>  <input type="radio"/> 4	<b>Right Angle</b>  <input type="radio"/> 5	<b>Right Turn</b>  <input type="radio"/> 6
<b>Right Turn</b>  <input type="radio"/> 7	<b>Head On</b>  <input type="radio"/> 8	<b>Sideswipe</b>  <input type="radio"/> 9

☐ None of these diagrams describes the accident.

**Total Amount Claimed:**

Format: Do not include "\$" or ",".

The **Total Amount Claimed** can only be entered once the following required fields are entered: Claimant Last and First Name, Claimant or Attorney Email, Date of Incident, Location of Incident, Manner in which claim arose.

I certify that all information contained in this notice is true and correct to the best of my knowledge and belief. I understand that the willful making of any false statement of material fact herein will subject me to criminal penalties and civil liabilities.