



Water Damage or Loss Claim Form

Electronically filed claims must be filed within 90 days of the occurrence using the Office of the NYC Comptroller's website. If the claim is not resolved within one (1) year and 90 days of the occurrence, you must start a separate legal action in a court of law before the expiration of this time period 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. #:

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
Scott M. Stringer

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

***Manner in which
claim arose:**

A large, empty rectangular box intended for the user to describe the manner in which the claim arose.

*** Denotes required field.**

DETAILED DESCRIPTION OF DAMAGED ARTICLES	DESCRIBE NATURE AND EXTENT OF DAMAGES	DATE OF PURCHASE	WHERE PURCHASED	COST AT TIME OF PURCHASE	AMOUNT CLAIMED

Do you have any photos depicting damage? Yes No
 If "Yes" then please add as an attachment to this claim.

DETAILED DESCRIPTION OF DAMAGED ARTICLES	DESCRIBE NATURE AND EXTENT OF DAMAGES	DATE OF PURCHASE	WHERE PURCHASED	COST AT TIME OF PURCHASE	AMOUNT CLAIMED

Do you have any photos depicting damage? Yes No
If "Yes" then please add as an attachment to this claim.



Witness 1 Information

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

Witness 4 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 5 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:

Witness 6 Information

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:



New York City Comptroller
Scott M. Stringer

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

Water Damage Information

Choose the cause of the damage:

- Watermain Break
- Sewer Overflow
- Street Flooding
- Erroneous Three-day Notice
- Other

Did you report the incident to the Department of Environmental Protection or another City Agency? Yes No

Date Reported: *Format: MM/DD/YYYY*
Complaint Number:

Choose which describes your property:

- APT. Building
- Retail Store
- Private House
- Commercial Building
- Other (Describe below)

For the property, do you own or rent

If there are is any History of Water Damage please give the date(s).

City Claim # (s), if any:

Was it raining at the time of the incident? Yes No

What was the highest level of the water in the premises? (feet/inches)

How was the water removed?

Have you filed a claim with any other parties? If so, please provide name and address.

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

Indicate how the water entered the property. Check one or more.

- Basement Trap
- Toilet
- Sink
- Bathtub
- Foundation
- Walls
- Cellar Door
- Sidewalk Gratings
- Other (Describe below)

How long was the water in the premises?

If there was structural damage to the property please describe in detail.

If any damaged property was sold at salvage indicate the amount received and from whom.

Insurance Coverage (if any)

Insurance Company:
Address:
Address 2:
City:
State:
Zip Code:
Amount Paid:
Policy Limit:

Total Amount Claimed:

*The **Total Amount Claimed** can only be entered once the following required fields are entered: **Format: Do not include "\$" or ",".***

- Claimant Last Name*
- Claimant First Name*
- Claimant Address, City, Zip Code, and Country*
- Claimant Email or Attorney Email*
- Date of Incident*
- Location of Incident, including state*
- 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.