NEW YORK CITY COMPTROLLER
BRAD LANDER

索賠申請指南

紐約市市主計長辦公室

2024 年 2 月

這本資訊手冊是作為一項公共服務編寫的，旨在協助索賠人向紐約市提交索賠申請。此處包含的資訊無論如何都不可視為法律建議。雖然您不需要請律師向紐約市提出索賠，但索賠人應考慮向律師尋求法律建議。

目錄

什麼是索賠？

向紐約市（以下稱本市）提出索賠是指您或您的財產因本市所做或未做的事情而受到損害的指控。您必須先提交索賠申請書，才能開始索賠流程。

法律規定對本市提出索賠的人（索賠人）在向法院提起訴訟之前必須向市主計長辦公室(Comptroller’s Office) 提交索賠申請書。索賠申請書必須在事件發生後的 90 天以內提交給市主計長辦公室。法律也允許市主計長辦公室調查和評估索賠案例，並在調查顯示本市可能需要承擔損害賠償責任時，為這些潛在的訴訟提出早期和解。

當疏忽行為、不作為或不當行為對您或您的財產造成損害時，本市可能要承擔責任。然而，本市不是對所有傷害和損害承擔責任。每一項索賠都要根據事實和法律的是非曲直進行審查。一般來說，對於因他人行為、非本市主動造成或未事先通知的缺陷狀況或「天災」所造成的傷害或損害，本市概不承擔責任。

雖然您必須在事件發生後的 90 天以內向市主計長辦公室提交索賠申請書，但您不必透過市主計長辦公室的索賠流程尋求解決您的索賠案例。在提交索賠申請書的 30 天以後，如果您已遵從主計長提出的 50 個小時聆訊（與索賠人進行宣誓面談）的要求，那麼您可以向法院提起訴訟。訴訟案件必須在事件發生之日起 1 年零 90 天以內向法院提出。

請注意，索賠流程不提供獲取救災資源的許可權。救濟資源可以透過其他市、州或聯邦機構或非營利組織獲得。紐約市應急管理辦公室救援和資源恢復 (New York City Office of Emergency Management’s Relief and Recovery Resources) 網頁可能是有用的資訊來源。(https://www1.nyc.gov/site/em/resources/tips-links.page)

提出索賠申請

索賠申請書必須在事件發生後的 90 天以內提交。索賠申請書可以透過市主計長網站線上提交，親自提交，或者可以用掛號信或認證信提交。**不得**透過電子郵件提交索賠申請書。

我們的網站上有幾種不同類型的索賠申請表

- (https://comptroller.nyc.gov/services/for-the-public/claims/e-filing/)，這本小手冊的背面也有例出。請使用：***人身傷害索賠申請表 (Personal Injury Claim Form)***，如果您的索賠涉及人身傷害。
- ***市府員工就業索賠申請表 (City Employment Claim Form)***，如果您的索賠涉及您作為紐約市雇員的雇傭條款和條件。
- ***水災損害或損失索賠申請表 (Water Damage Claim Form)***，如果您的索賠涉及到下水道倒灌或總水管破裂。
- ***車輛財產損害索賠申請表 (Vehicular Property Damage Claim Form)***，如果您的索賠涉及您的汽車損害。
- ***財產損害或損失索賠申請表 (Property Damage or Loss Claim Form)***，針對所有其他財產損害索賠。

有關如何提出索賠申請的問題，請參閱我們的網站：https://comptroller.nyc.gov/services/for-the-public/claims/general-faqs/ 以獲取常見問題的解答，或致電社區行動中心 (Community Action Center)，電話：**(212) 669-3916**。也可以透過電子郵件 **action@comptroller.nyc.gov** 或以下網站造訪社區行動中心：
https://comptroller.nyc.gov/about/contactour-office/.

在提交索賠申請書之後，索賠人會收到一個索賠號碼。與市主計長辦公室的所有通信中都應提及或包括索賠號碼。

您可以自己提出索賠，也可以聘請律師代表您提出索賠。市主計長辦公室經常與有律師和無律師代表的索賠人解決索賠問題。

調查索賠案例

在提交索賠申請書之後，市主計長辦公室著手調查以確定損害是否是因本市的疏忽或不當行為所造成的，並根據法律確定損害賠償的公平合理價值。調查包括向索賠人、相關的城市機構和其他相關來源蒐集資訊。您身為索賠人，可能會被要求提供索賠案例的佐證資訊，例如照片、帳單、發票、估算、保險資訊和/或醫療記錄。您可能會被要求出席一場 50 個小時的聆訊（宣誓面談）來為您的索賠作證。我們可能會與您聯繫以協調檢查您受損的財產。

每項調查都是針對索賠的事實和情況進行的。進行調查可能需要一些時間。由於調查涉及從外部來源獲取資訊，因此調查和解決索賠所需的時間各不相同。

市主計長只能在事件發生之日起 1 年零 90 天以內解決索賠案例。有時候即使無法在這段規定的期限內完成調查，市主計長辦公室也不會提供和解方案。為了追究您的索賠，您必須在事件發生之日起 1 年零 90 天以內向法院提起訴訟。

提議、和解和拒絕索賠

如果確定本市對損害不負有法律責任，市主計長辦公室將拒絕您的索賠。索賠人可以向法院提起訴訟來進一步追究索賠。訴訟案件必須在事件發生之日起 1 年零 90 天以內向法院提起。

如果確定本市可能需要對損害負責，市主計長辦公室可能會寄送一份提議函和免責聲明給您，或者向您致電以提出和解，並在口頭同意和解之後寄送和解函和免責聲明給您，向您提出和解協議。免責聲明是一份法律文件，其中您同意停止對本市提出損害索賠，以換取支付所提供的和解金額。

您可以在 30 天以內簽署並送回免責聲明來接受和解要約。如果您送回簽妥的免責聲明，付款將會郵寄給您。

若要討論您的索賠或和解要約，或申請更多時間來考慮和解提議，請致電市主計長辦公室。提議函中有負責處理您索賠案例的審查員聯絡資訊。

並非所有索賠都會由市主計長辦公室解決。如果您不想向市主計長辦公室提出您的索賠，如果市主計長辦公室無法提出和解要約或拒絕您的索賠申請，或者如果無法與市主計長辦公室達成和解，您可以向法院提起訴訟以追究您的索賠。法律對於向本市提起訴訟的期限有嚴格規定。您必須在提交索賠申請書之後等候 30 天，並遵從市主計長的要求接受 50 個小時聆訊（宣誓面談），才能向法庭提起訴訟。訴訟案件必須在事件發生之日起 1 年零 90 天以內向法院提起。

如果您希望在尚未解決您的索賠之前即對本市提出索賠，您必須在事件發生後的 1 年零 90 天以內提起訴訟。市主計長辦公室不能在 1 年零 90 天以後或者在提起訴訟之後解決索賠案例。

和解提議及和解本身並不構成承認責任。

提交索賠和索賠申請表的注意事項

➢ 紙本索賠申請表備案

附件是人身傷害、城市就業、水災損害、車輛財產損害、財產損害或損失索賠申請表的副本。紙本索賠表必須經過**公證**。

可將紙本索賠申請表送達：

親往 1 Centre Street, Room 1225, New York, New York 10007，或者

以**掛號信或認證信**郵寄至 Office of the New York City Comptroller, 1 Centre Street, Room 1225, New York, NY 10007。

如果您的紙本索賠申請表沒有正確地公證和/或送達，您的索賠申請可能會被拒絕。

請注意，市主計長辦公室**無法**為您的索賠申請表公證或複印您的索賠申請表和佐證文件。請確保在前往市主計長辦公室之前，務必已將您的索賠申請表公證，並影印您所需的記錄。

➢ 電子索賠 (eClaim) 申請

您也可以透過市主計長的電子索賠申請系統提交您的索賠申請。**我們建議使用電子索賠申請系統**，這樣可以加速處理流程，並且不需要公證。

電子索賠申請可在市主計長的網站上查詢：

https://comptroller.nyc.gov/services/forthe-public/claims/e-filing/。

➢ 索賠相關文件

如果您有照片、警方報告、帳單、發票、收據、估算、估值、醫療記錄、保險文書或任何其他可以支持您索賠案例的文件，我們鼓勵您在提出索賠申請時連同這些文件一起提交。您可以連同索賠申請表一起親自提交或以掛號信/認證信遞交任何佐證文件的紙本副本。當您以電子方式提交索賠時，您也可以在電子索賠申請系統中上傳佐證文件。如果您在提交索賠申請之後還想提交其他文件，請與您的索賠審查員聯絡。

➢ 索賠申請的語言

索賠申請必須以英文填寫。根據《紐約民事執業法和規則》第 §2101 (b) 條，向紐約民事法院提交的與訴訟相關的所有文件都必須採用英文。

New York City Comptroller
Brad Lander

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

Form Version: NYC-COMPT-BLA-PI1-M

Personal Injury Claim Form

A claim must be filed in person or by registered or certified mail within 90 days of the occurrence at the NYC Comptroller's Office, located at 1 Centre Street, Room 1225, New York, NY 10007. The claim form must be notarized. 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.

TYPE OR PRINT

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:	
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:	

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

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:

***Manner in which claim arose:**

Attach extra sheet(s) if more room is needed.

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

Attach extra sheet(s) if more room is needed.

**** Denotes required field(s).***

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

Medical Information

1st Treatment Date:		*Format: MM/DD/YYYY*
Hospital/Name:		
Address:		
Address 2:		
City:		
State:		
Zip Code:		
Date Treated in Emergency Room:		*Format: MM/DD/YYYY*

Was claimant taken to hospital by an ambulance? ◯ Yes ◯ No ◯ NA

Employment Information (If claiming lost wages)

Employer's Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	
Work Days Lost:	
Amount Earned Weekly:	

Treating Physician Information

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

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

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:	

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:	

**** Denotes required field(s).***

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

Complete if claim involves a NYC vehicle

Owner of vehicle claimant was traveling in

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

Non-City vehicle driver

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

Insurance Information

Insurance Company Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	
Policy #:	
Phone #:	

Non-City vehicle information

Make, Model, Year of Vehicle:	
Plate #:	
VIN #:	

City vehicle information

Plate #:	
City Driver Last Name:	
City Driver First Name:	

Description of claimant:

◯ Driver ◯ Passenger
◯ Pedestrian ◯ Bicyclist
◯ Motorcyclist ◯ Other

***Total Amount Claimed:** *Format: Do not include "$" or ",".*

Date _____ Signature of Claimant _____

State of New York
County of

I, _____, being duly sworn depose and say that I have read the foregoing NOTICE OF CLAIM and know the contents thereof: that same is true to the best of my own knowledge, except as to the matter here stated to be alleged upon information and belief, and as to those matters. I believe them to be true.

Sworn before me this day_____

Signature of Claimant_____ Signature of notary_____

**** Denotes required field(s).***

New York City Comptroller
Brad Lander

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007
Form Version: NYC-COMPT-BLA-HC-LE3

City Employment Claim Form

For most claims, a claim must be filed in person or by registered or certified mail within 90 days of the occurrence at the NYC Comptroller's Office, located at 1 Centre Street, Room 1225, New York, NY 10007. The claim form must be notarized. 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.

TYPE OR PRINT

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: USA
Date of Birth: *Format: MM/DD/YYYY*
Soc. Sec #:
*Phone:
*Email Address:

Occupation:
Current City Employee? ☐ Yes ☐ No ☐ NA
Current Agency:

Gender: ☐ Male ☐ Female ☐ Other

☐ Attorney is filing.

Attorney Information (if represented by attorney)

+Firm or Last Name:
+Firm or First Name:
+Address:
Address 2:
+City:
+State:
+Zip Code:
Tax Id:
+Phone:
+Email Address:

The time and place where the claim arose

*Incident Date from: *Format: MM/DD/YYYY*
*Incident Date to: *Format: MM/DD/YYYY*
*Incident Location:
Address:
Address 2:
City:
State:
Borough:

** Denotes required fields.*
\+ Denotes field that is required if Attorney is filing.

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007
Form Version: NYC-COMPT-BLA-HC-LE3

***Nature of Claim/Description of Claim**

Attach extra sheets if more room is needed.

What agency/employer are you making this claim against?

*Agency:	
Address:	
Address 2:	
City:	
State:	
Zip Code:	

Work days lost:	
Amount Earned Weekly:	
Amount Earned Yearly:	

Were you employed by a City Contractor at the time of claimed occurrence? ☐ Yes ☐ No

++Contractor Name:

**Denotes required field*
++Denotes field that is required if you were employed by a City Contractor.

New York City Comptroller
Brad Lander

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007
Form Version: NYC-COMPT-BLA-HC-LE3

Salary/Benefit Claimed Damages

	Date From:	Date To:	Amount:
Overtime:			
Compensatory time:			
Differential:			
Annual Leave/Vacation:			
Sick Leave:			
Salary:			
		Total:	

Additional Claimed Damages

		Amount:
Specify:		
Specify:		
Specify:		
Specify:		
Specify:		
	Total:	

***Total Claimed Amount:**

Date _____

Signature of Claimant _____

State of New York, County of _____

I, _____ being duly sworn depose and say that I have read the foregoing NOTICE OF CLAIM and know the contents thereof: that same is true to the best of my own knowledge, except as to the matter here stated to be alleged upon information and belief, and as to those matters. I believe them to be true.

Sworn before me this day _____

Signature of Claimant _____

Signature of notary _____

**Denotes field that is required.*

New York City Comptroller
Brad Lander

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

Form Version: NYC-COMPT-BLA-PD2-M

Water Damage or Loss Claim Form

A claim must be filed in person or by registered or certified mail within 90 days of the occurrence at the NYC Comptroller's Office, located at 1 Centre Street, Room 1225, New York, NY 10007. The claim form must be notarized. 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.

TYPE OR PRINT

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:	
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:	

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

The time and place where the claim arose

*Date of Incident:		*Format: MM/DD/YYYY*	Address:	
Time of Incident:		*Format: HH:MM AM/PM*	Address 2:	
			City:	
*Location of IIncident:			State:	
			Borough:	

***Manner in which claim arose:**

Attach extra sheet(s) if more room is needed.

**** Denotes required field(s).***

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.

(Continued - Attach extra sheet(s) if more room is needed.)

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.

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

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:	

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:	

**** Denotes required field(s).***

New York City Comptroller
Brad Lander

Water Damage Information

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

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? _____

How was the water removed? _____

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. _____

Water Damage Information

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

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:	

Insurance Coverage (if any)

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

***Total Amount Claimed:** *Format: Do not include "$" or ",".*

Date _____ Signature of Claimant _____

State of New York
County of

I, _____, being duly sworn depose and say that I have read the foregoing NOTICE OF CLAIM and know the contents thereof: that same is true to the best of my own knowledge, except as to the matter here stated to be alleged upon information and belief, and as to those matters. I believe them to be true.

Sworn before me this day_____

Signature of Claimant_____ Signature of notary_____

**** Denotes required field(s).***

New York City Comptroller
Brad Lander

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

Form Version: NYC-COMPT-BLA-PD3-M

Vehicular Property Damage Claim Form

A claim must be filed in person or by registered or certified mail within 90 days of the occurrence at the NYC Comptroller's Office, located at 1 Centre Street, Room 1225, New York, NY 10007. The claim form must be notarized. 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.

TYPE OR PRINT

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:	
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:	

The time and place where the claim arose

*Date of Incident:	*Format: MM/DD/YYYY*	Address:	
Time of Incident:	*Format: HH:MM AM/PM*	Address 2:	
		City:	
		State:	
*Location of Incident:		Borough:	

***Manner in which claim arose:**

Attach extra sheet(s) if more room is needed.

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

Attach extra sheet(s) if more room is needed.

**** Denotes required field(s).***

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

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:	

**** Denotes required field(s).***

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

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:	
Occupation:	

City Employee? ◯ Yes ◯ No ◯ NA

Gender ◯ Male ◯ Female ◯ Other

NYC vehicle information

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

Vehicle Type:	
Plate #:	

Towed Away? ◯ Yes ◯ No

Insurance Information

Do you have collision insurance? ◯ Yes ◯ No

Did you report your accident to your insurance company? ◯ Yes ◯ No

Were you paid by your insurance company? ◯ Yes ◯ No

Is payment pending? ◯ Yes ◯ 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? ◯ Released ◯ Towed ◯ 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? ◯ Sheriff ◯ Marshall ◯ NA

District Attorney Release Number:	

**** Denotes required field(s).***

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

Conditions and description of accident/incident location

Choose the actions of the vehicle before the accident:

	Yours	NYC
Going straight ahead	☐	☐
Making a right turn	☐	☐
Making a left turn	☐	☐
Making a U-turn	☐	☐
Starting from a parked position	☐	☐
Starting in traffic	☐	☐
Slowing or stopping	☐	☐
Stopped in traffic	☐	☐
Entered a parked position	☐	☐
Parked	☐	☐
Avoiding object in roadway	☐	☐
Overtaking	☐	☐
Merging	☐	☐
Backing	☐	☐
Changing lanes	☐	☐
Other	☐	☐

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

Left Turn ◯1	Rear End ◯2	Overtaking ◯3
Left Turn ◯4	Right Angle ◯5	Right Turn ◯6
Right Turn ◯7	Head On ◯8	Sideswipe ◯9

◯ None of these diagrams describes the accident.

Roadway surface conditions - Check all that apply

☐ Dry ☐ Snow or ice
☐ Wet ☐ Slush
☐ Construction (man-made cut) ☐ Muddy
☐ Potholes (wear & tear condition) ☐ Other

Traffic Control

☐ None ☐ Red - Green
☐ Red - Green - Yellow ☐ Stop Sign
☐ Flashing ☐ Not Working
☐ Person directing traffic

Weather Conditions

☐ Clear ☐ Rain ☐ Fog/Smoke/Smog
☐ Sleet/Hail/Freezing/Rain/Snow ☐ Other

**** Denotes required field(s).***

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)

***Total Amount Claimed:** *Format: Do not include "$" or ",".*

Date

Signature of Claimant

State of New York
County of

I, _____, being duly sworn depose and say that I have read the foregoing NOTICE OF CLAIM and know the contents thereof: that same is true to the best of my own knowledge, except as to the matter here stated to be alleged upon information and belief, and as to those matters. I believe them to be true.

Sworn before me this day_____

Signature of Claimant_____

Signature of notary_____

**** Denotes required field(s).***

New York City Comptroller
Brad Lander

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

Form Version: NYC-COMPT-BLA-PD1-M

Property Damage or Loss Claim Form

A claim must be filed in person or by registered or certified mail within 90 days of the occurrence at the NYC Comptroller's Office, located at 1 Centre Street, Room 1225, New York, NY 10007. The claim form must be notarized. 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.

TYPE OR PRINT

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:	
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:	

**** Denotes required field(s).***

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

The time and place where the claim arose

*Date of Incident:		*Format: MM/DD/YYYY*
Time of Incident:		*Format: HH:MM AM/PM*

Property Clerk Voucher Number:	
District Attorney Release Number:	

*Location of Incident:	

Address:	
Address 2:	
City:	
State:	
Borough:	

***Manner in which claim arose:**

Attach extra sheet(s) if more room is needed.

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

Attach extra sheet(s) if more room is needed.

**** Denotes required field(s).***

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

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:	

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:	

Police Information

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

Please indicate which of the following reports you have

- ☐ Accident Report
- ☐ Aided Report
- ☐ Complaint Report

New York City Comptroller
Brad Lander

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

Insurance Information

Do you have insurance?	◯ Yes	◯ No
Did you report your accident to your insurance company?	◯ Yes	◯ No
Were you paid by your insurance company?	◯ Yes	◯ No
Is payment pending?	◯ Yes	◯ No

Deductible Amount:	
Insurance Company Name:	
Address:	
Address 2:	
City:	
State:	
Zip Code:	
Policy #:	
Phone #:	
Agent Name:	

City vehicle information

Plate #:	
City Driver Last Name:	
City Driver First Name:	
***Total Amount Claimed:**	

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

_____ _____

Date Signature of Claimant

State of New York
County of

I, _____, being duly sworn depose and say that I have read the foregoing NOTICE OF CLAIM and know the contents thereof: that same is true to the best of my own knowledge, except as to the matter here stated to be alleged upon information and belief, and as to those matters. I believe them to be true.

Sworn before me this day_____

Signature of Claimant_____

Signature of notary_____

**** Denotes required field(s).***