



NEW YORK CITY COMPTROLLER  
**MARK LEVINE**

# Filing A Claim

## with The New York City Comptroller's Office

JANUARY 2026



This informational booklet has been assembled as a public service to assist claimants file notices of claim against the City of New York. The information contained herein is not intended, in any way, to be legal advice. While you do not need an attorney to file a claim against the City, claimants should consider seeking legal advice from counsel.



# Contents

<b>What is a Claim? .....</b>	<b>1</b>
<b>Filing a Claim.....</b>	<b>2</b>
<b>Investigating a Claim .....</b>	<b>2</b>
<b>Offers, Settlements, and Disallowancing a Claim.....</b>	<b>3</b>
<b>Tips for Filing a Claim and Claim Forms .....</b>	<b>4</b>
➤ Paper Claim Form Filing.....	4
➤ eClaim Filing.....	4
➤ Claim Documentation .....	4
➤ Language of Notices of Claim .....	4
<b>Personal Injury Claim Form .....</b>	<b>5</b>
<b>City Employment Claim Form .....</b>	<b>10</b>
<b>Water Damage or Loss Claim Form .....</b>	<b>13</b>
<b>Vehicular Property Damage Claim Form .....</b>	<b>20</b>
<b>Property Damage or Loss Claim Form .....</b>	<b>26</b>

## What is a Claim?

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A claim against the City of New York (the City) is an allegation that you or your property was injured because of something the City did or failed to do. To begin the claims process you must file a notice of claim.

The law requires a person who has a claim against the City (claimant) to file a notice of claim with the Comptroller's Office before they file a lawsuit in court. A notice of claim must be filed with the Comptroller's Office within 90 days of the incident. The law also allows the Comptroller's Office to investigate and evaluate claims, and to offer an early settlement of these potential lawsuits if an investigation shows that the City may be liable for damages.

The City may be liable when a negligent act or omission or wrongful action caused damages to you or your property. However, the City is not liable for all injuries and damages. Every claim is reviewed on its merits, based on the facts and the law. Generally, the City is not liable for injuries or damages caused by the acts of others, defective conditions the City did not actively cause or had no prior notice of, or "Acts of God."

While you must file a notice of claim with the Comptroller's Office within 90 days of the incident, you do not have to pursue settlement of your claim through the Comptroller's Office's claims process. After 30 days from the filing of your notice of claim, and if you have complied with any Comptroller's request for a 50-h hearing (interview of claimant under oath), you may file a lawsuit in court. Lawsuits must be filed in court within 1 year and 90 days of the date of incident.

Please note that the claims process does not provide access to disaster relief resources. Relief resources may be available through other City, state, or federal agencies or non-profit organizations. New York City Office of Emergency Management's Relief and Recovery Resources page may be a source of information. (<https://www1.nyc.gov/site/em/resources/tips-links.page>)

## Filing a Claim

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**A NOTICE OF CLAIM MUST BE FILED WITHIN 90 DAYS OF THE INCIDENT.** Notices of claim can be filed online through the Comptroller's website, in person, or by registered or certified mail. Notices of claim **cannot** be filed by email.

There are several types of claim forms available on our website

- (<https://comptroller.nyc.gov/services/for-the-public/claims/e-filing/>) and attached to the back of this pamphlet. Please use the: ***Personal Injury Claim Form*** if your claim involves injury to your person.
- ***City Employment Claim Form*** if your claim involves the terms and conditions of your employment as an employee of the City of New York.
- ***Water Damage Claim Form*** if your claim involves a sewer back up or water main break.
- ***Vehicular Property Damage Claim Form*** if your claim involves damage to your motor vehicle.
- ***Property Damage or Loss Claim Form*** for all other property damage claims.

For questions about how to file a claim, please refer to our website for answers to frequently asked questions at <https://comptroller.nyc.gov/services/for-the-public/claims/general-faqs/> or call the Community Action Center at **(212) 669-3916**. The Community Action Center is also available by email at **[action@comptroller.nyc.gov](mailto:action@comptroller.nyc.gov)** or through the web portal at <https://comptroller.nyc.gov/about/contactour-office/>.

After a notice of claim is filed, a claim number will be assigned and sent to the claimant. The claim number should be referred to or included in all communications with the Comptroller's Office.

You may file a claim yourself or hire an attorney to do so on your behalf. The Comptroller's Office regularly settles claims with both represented and unrepresented claimants.

## Investigating a Claim

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After a notice of claim is filed, the Comptroller's Office investigates to determine whether the City's negligence or wrongful actions caused the damages, and to determine the fair and reasonable value of the damages under the law. The investigation involves gathering information from the claimant, the involved City agency, and other relevant sources. As a claimant, you may be asked for information to support your claim, such as photographs, bills, invoices, estimates, insurance information, and/or medical records. You may be required to appear at a 50-h hearing (interview under oath) to testify about your claim. You may be contacted to coordinate an inspection of your damaged property.

Each investigation is specific to the facts and circumstance of the claim. The investigation may take some time. Since investigations involve obtaining information from outside sources, the time needed to investigate and resolve a claim varies.

The Comptroller can only settle claims for up to 1 year and 90 days from the date of the incident. Sometimes an investigation cannot be completed in that timeframe and the Comptroller's Office will not offer settlement. In order to pursue your claim, **you must file a lawsuit in court within 1 year and 90 days of the date of the incident.**

## Offers, Settlements, and Disallowancing a Claim

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If it is determined that the City is not legally responsible for the damage, the Comptroller's Office will deny your claim. Claimants can pursue their claims further by filing a lawsuit in court. Lawsuits must be filed in court within 1 year and 90 days of the date of the incident.

If it is determined that the City may be responsible for the damage, the Comptroller's Office may offer you a settlement by sending you an offer letter and a release, or by calling you to offer a settlement and sending you a settlement letter and release after verbally agreeing to a settlement. A release is a legal document in which you agree to discontinue your claim for damages against the City in exchange for being paid the offered settlement amount.

You can accept the settlement offer by signing and returning the release within 30 days. If you return the signed release, payment will be mailed to you.

To discuss your claim or the settlement offer or request more time to consider the settlement offer, you can call the Comptroller's Office. The contact information for the examiner handling your claim will be included in the offer letter.

**NOT ALL CLAIMS WILL SETTLE WITH THE COMPTROLLER'S OFFICE.** If you do not want to pursue your claim with the Comptroller's Office, if the Comptroller's Office is unable to make a settlement offer or denies your claim, or if a settlement cannot be reached with the Comptroller's Office, you can pursue your claim as a lawsuit in court. The law places strict deadlines on bringing a lawsuit against the City. You must wait 30 days after filing a notice of claim and comply with any Comptroller's request for a 50-h hearing (interview under oath) before filing a lawsuit in court. Lawsuits must be filed in court within 1 year and 90 days of the date of the incident.

**IF YOUR CLAIM HAS NOT BEEN SETTLED, BUT YOU WISH TO PURSUE YOUR CLAIM AGAINST THE CITY, YOU MUST FILE A LAWSUIT WITHIN 1 YEAR AND 90 DAYS OF THE INCIDENT. THE COMPTROLLER'S OFFICE CANNOT SETTLE CLAIMS AFTER 1 YEAR AND 90 DAYS HAVE PASSED OR AFTER A LAWSUIT HAS BEEN FILED.**

***Settlement offers and settlements do not constitute an admission of liability.***

## Tips for Filing a Claim and Claim Forms

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### ➤ Paper Claim Form Filing

Attached are copies of the Personal Injury, City Employment, Water Damage, Vehicular Property Damage, and Property Damage or Loss Claim Forms. Paper claim forms must be **NOTARIZED**.

The paper claim form may be served:

**in person** at 1 Centre Street, Room 1225, New York, New York 10007, or

by **REGISTERED OR CERTIFIED MAIL** to Office of the New York City Comptroller, 1 Centre Street, Room 1225, New York, NY 10007.

If your paper claim form is not properly notarized and/or served, it may result in your claim being disallowed.

Please note that Comptroller's Office **CANNOT** notarize your claim form or make copies of your claim form and supporting documentation. Please be sure to have your claim form notarized and make any photocopies you need for your records before coming to the Comptroller's Office.

### ➤ eClaim Filing

You can also submit your claim via the Comptroller's eClaim filing system. **WE RECOMMEND USING THE ECLAIM FILING SYSTEM** which results in faster processing and does not require notarization.

eClaim filing is available on the Comptroller's website at:

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

### ➤ Claim Documentation

If you have photographs, police reports, bills, invoices, receipts, estimates, appraisals, medical records, insurance paperwork, or any other documentation that supports your claim, we encourage you to provide those documents when you file your claim. You can submit paper copies of any supporting documentation with your claim form when filing in person or by registered/certified mail. You can also upload supporting documentation in the eClaim filing system when electronically filing your claim. If you have additional documents that you'd like to submit after you file you have filed your claim, please contact your claim examiner.

### ➤ Language of Notices of Claim

**NOTICES OF CLAIM MUST BE COMPLETED IN ENGLISH.** Pursuant to New York Civil Practice Law and Rules §2101 (b), all papers filed in connection with litigation in New York civil courts must be in the English language.







## 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:



**The time and place where the claim arose**

*Date of Incident:	<input type="text"/>	<i>Format: MM/DD/YYYY</i>	
Time of Incident:	<input type="text"/>	<i>Format: HH:MM AM/PM</i>	
Dismissal Date:	<input type="text"/>	<i>(Police related claims only)</i>	
*Location of Incident:	<input type="text"/>	Address:	<input type="text"/>
		Address 2:	<input type="text"/>
		City:	<input type="text"/>
		State:	<input type="text"/>
		Borough:	<input type="text"/>

**\*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.



### Medical Information

1st Treatment Date:	<input type="text"/>	Format: MM/DD/YYYY
Hospital/Name:	<input type="text"/>	
Address:	<input type="text"/>	
Address 2:	<input type="text"/>	
City:	<input type="text"/>	
State:	<input type="text"/>	
Zip Code:	<input type="text"/>	
Date Treated in Emergency Room:	<input type="text"/>	Format: MM/DD/YYYY
Was claimant taken to hospital by an ambulance? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA		

### Employment Information (If claiming lost wages)

Employer's Name:	<input type="text"/>
Address	<input type="text"/>
Address 2:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip Code:	<input type="text"/>
Work Days Lost:	<input type="text"/>
Amount Earned Weekly:	<input type="text"/>

### Treating Physician Information

Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Address:	<input type="text"/>
Address 2:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip Code:	<input type="text"/>



**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:	



**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 \_\_\_\_\_





## 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:

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:



**\*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.*





## Date From:    Date To:    Amount:

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--	--

## Amount:

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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 \_\_\_\_\_





## 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:



**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.**

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?  
If "Yes" then please add as an attachment to this claim.

☐ Yes ☐ No

(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.



**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:	



## 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?

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

**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 \_\_\_\_\_





## 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*

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 claimed are (include dollar amounts):**

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



### 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?	<input type="radio"/> Yes <input type="radio"/> 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:	
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"/>

### 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.

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).**





## 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:



**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.**

--

**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:	

**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:	

**Please indicate which of the following reports you have**

- ☐ Accident Report  
☐ Aided Report  
☐ Complaint Report



### 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 \_\_\_\_\_