NEW YORK CITY COMPTROLLER
MARK LEVINE

뉴욕시 회계관 사무실에 청구서 제출

1 월 2026

이 정보 안내 책자는 뉴욕시를 상대로 고지서를 제출하는 요구인들을 돕기 위한 공공 서비스로 편성되었습니다. 여기에 포함된 정보는 어떠한 경우에도 법적 자문으로 해석되지 않습니다. 뉴욕시에 청구서를 제출할 때에는 변호사를 필요로 하진 않지만, 요구인은 법률 자문을 받는 것을 고려해야 합니다.

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청구란 무엇일까요?

뉴욕시에 대한 청구는 도시가 한 일 또는 하지 않은 것으로 인해 본인 또는 본인의 재산이 손상되었다는 주장입니다. 청구 절차를 시작하려면 청구 통지서를 제출해야 합니다.

뉴욕시에 대한 의의를 가진 요구인이 법원에서 소송을 제기하기 전에 회계관 사무실에 를 제출해야 한다고 법률은 규정합니다. 청구 통지서는 사건 발생 후 90 일 이내에 회계관 사무실에 제출되어야 합니다. 또한 법에 따르면, 뉴욕시가 손해 배상의 책임이 있을 수 있다는 조사가 있다면, 회계관 사무실이 청구를 조사, 평가하고, 이러한 잠재적인 소송에 대한 조기 해결을 제공할 수 있습니다.

뉴욕시는 부주의한 행위, 부실한 행동 또는 잘못된 행동으로 인해 본인 또는 본인의 재산에 피해를 입힐 때 책임을 질 수 있습니다. 그러나 뉴욕시는 모든 부상과 손해에 대해 책임을 질 수는 없습니다. 모든 청구는 사실과 법에 기반하여 그 자격에 대해 검토됩니다. 일반적으로 뉴욕시는 다른 사람의 행위, 뉴욕시가 직접적으로 원인이 되지 않았거나 사전 통지가 없는 결함 조건, 또는 "천재지변"으로 인한 부상이나 손해에 대해 책임을 지지 않습니다.

사건 발생 후 90 일 이내에 회계관 사무실에 청구서를 반드시 제출해야 하지만, 요구인은 회계관 사무실의 소송 절차를 통해 자신의 청구를 계속 추진할 필요는 없습니다. 청구서 제출 후 30 일이 지난 경우에는 회계관의 50-h 청문 요구에 따라 (요구인의 목격 진술을 담당한 검토관이 심문하는 것), 법원에서 소송을 제기할 수 있습니다. 소송은 사건 발생일로부터 1 년 90 일 이내에 법원에 제기되어야 합니다.

요구 사항에는 재난 구호 자원에 대한 지원을 제공하지 않습니다. 구호 자원은 다른 시, 주 또는 연방 기관이나 비영리 단체를 통해 이용할 수 있습니다. 뉴욕시 비상 관리국의 구호 및 복구 자원 페이지 또한 정보 원천으로 사용할 수 있습니다. (https://www1.nyc.gov/site/em/resources/tips-links.page)

청구서 제출

사건 발생 후 90 일 이내에 청구서를 제출해야 합니다. 청구서는 회계관 웹사이트를 통해 온라인으로, 직접, 또는 등기우편 또는 특별우편으로 제출할 수 있습니다. 청구서는 이메일로 제출할 수 없습니다.

저희 웹사이트에는 몇가지유형의 요구 양식

- (https://comptroller.nyc.gov/services/for-the-public/claims/e-filing/) 및 이 소책자의 뒷면에 첨부되어 있습니다. 다음을 사용하세요: ***개인상해 요구 양식*** 당신의 청구가 개인 상해와 관련이 있는 경우.
- ***뉴욕시 고용 요구 양식*** 당신의 청구가 뉴욕시 직원으로서의 근로 조건과 관련이 있는 경우.
- ***수해 요구 양식*** 하수 유출이나 수도 파열과 관련된 경우.
- ***차량 손상 요구 양식*** 당신의 차량 손상과 관련된 경우.
- ***손해 또는 손실 요구 양식*** 기타 모든 재산 손상 요구 사항.

제출하는 방법에 대한 질문이 있으시면 https://comptroller.nyc.gov/services/for-the-public/claims/general-faqs/ 에서 자주 다루는 질문에 대한 답변을 참조하거나 **(212) 669-3916** 으로 The Community Action Center 에 전화 주십시오. The Community Action Center 는 action@comptroller.nyc.gov 또는 웹 포털 https://comptroller.nyc.gov/about/contactour-office/ 을 통해 이메일로도 이용 가능합니다.
청구서를 제출한 후에는 요구인에게 청구 번호가 전달됩니다. 청구 번호는 회계관 사무실과의 모든 통신에 참조되거나 포함되어야 합니다.

요구서를 직접 제출하거나 대신 대리인을 고용하여 제출할 수 있습니다. 회계관 사무실은 대리인과 비대리인 모두와 청구를 정기적으로 해결합니다.

청구 조사 조사 과정

고지서를 제출한 후, 회계관 사무실은 도시의 부주의나 부당한 행동으로 인해 피해가 발생했는지 여부를 조사하고, 그 피해의 가치를 공정하고 합리적으로 결정합니다. 이 조사는 청구인, 관련된 도시 기관 및 기타 관련된 출처로부터 정보를 수집하는 것을 포함합니다. 청구인으로서, 당신은 사진, 청구서, 송장, 견적서, 보험 정보, 의료 기록과 같은 주장을 뒷받침하는 정보를 제공해야 할

수도 있습니다. 또한 당신은 자신의 청구에 대해 증언하기 위해 50-h 청문(선서하의 인터뷰)에 참석하도록 요청됩니다. 손상된 재산의 조사를 위해 연락을 받을 수도 있습니다.

각각의 조사는 주장의 사실과 상황에 따라 구체적으로 이루어질 것입니다. 조사에는 외부 출처에서 정보를 얻는 것을 포함하여, 조사하고 합의하는 데 시간이 필요합니다.

회계관은 사건 발생일로부터 1 년 90 일까지만 청구를 합의할 수 있습니다. 때로는 그 시간 내에 조사를 완료할 수 없는 경우가 있어서 회계관 사무실에서는 합의를 제안하지 않을 수 있습니다. 청구를 계속해서 진행하려면 사건 발생일로부터 1 년 90 일 이내에 법원에 소송을 제기해야 합니다.

제안, 해결 및 청구 거부

도시가 피해에 대한 법적 책임이 없다고 결정되면 회계관 사무실은 당신의 청구를 거부할 것입니다. 그에 따라 청구인은 법원에 소송을 제기하여 청구를 더 추진할 수 있습니다. 소송은 사건 발생일로부터 1 년 90 일 이내에 법원에 제기되어야 합니다.

도시가 피해에 대한 책임이 있을 수 있다고 판단되면 회계관 사무실은 당신에게 합의를 제안을 제안서와 청구 해제서를 보내거나, 당신에게 전화하여 합의를 제안하고, 합의에 동의한 후 합의서와 청구 해제서를 보내줄 것입니다. 청구 해제서는 제안된 합의금을 받기 위해 당신이 뉴욕시에 대한 손해 청구를 중단한다는 법적 문서입니다.

당신은 제안된 합의금을 받아들일 수 있으며, 30 일 이내에 서명하여 청구 해제서를 반환할 수 있습니다. 서명된 합의 청구서를 반환하면 지불 금액이 우편으로 발송됩니다.

당신의 청구나 합의 제안에 대해 논의하거나 더 많은 시간을 요청하려면 회계관 사무실에 전화주십시오. 당신의 청구를 처리하는 심사관의 연락 정보는 제안서에 명시되어있습니다.

제기하는 모든 청구가 회계관 사무실에서 합의되지는 않습니다. 만약 당신이 회계관 사무실에서 청구를 추진하고 싶지 않거나, 회계관 사무실이 합의 제안을 할 수 없거나 당신의 청구를 거부하거나, 회계관 사무실과의 합의가 이루어지지 않으면, 법원에서 소송을 제기할 수 있습니다. 법은 뉴욕시에 대한 소송을 제기하는데 있어 엄격한 기한을 제시합니다. 당신은 소송을 제기하기 전 청구서를 제출한 후 30 일을 기다려야 하며, 50-h 청문(선서하의 인터뷰)에 대한 회계관의 요청을 준수해야 합니다. 소송은 사건 발생일로부터 1 년 90 일 이내에 법원에 제기되어야 합니다.

당신의 청구가 합의되지 않았지만, 뉴욕시에 대한 청구를 추진하려는 경우, 사건 발생일로부터 1 년 90 일 이내에 소송을 제기해야 합니다. 회계관 사무실은 1 년 90 일이 지나거나 소송이 제기된 후에는 청구를 합의할 수 없습니다.

합의 제안과 합의는 법적 책임의 인정으로 간주되지 않습니다.

청구 제기와 청구 양식에 대한 팁

➢ 종이 청구서 양식 제출

개인상해, 시 고용, 수해, 차량 재산 피해, 그리고 재산 피해 또는 손실 청구 양식의 사본이 첨부되어 있습니다. 종이 청구서 양식은 공증이 되어야 합니다. 종이 청구 양식은 다음과 같이 제출될 수 있습니다.

직접 방문: 1 Centre Street, Room 1225, New York, New York 10007 또는 1 Centre Street, Room 1225, New York, New York 10007 으로 등기 우편 또는 내용 증명 우편

종이 청구 양식이 적절하게 공증되지 않거나 제출되지 않으면 청구가 거부될 수 있습니다.

회계관 사무실에서 청구 양식의 공증을 하거나 청구 양식과 관련 문서의 사본을 제공할 수 없습니다. 회계관 사무실을 방문하기 전에 청구 양식을 공증하고 기록을 위해 필요한 사본을 만들어 주시기 바랍니다.

➢ 전자 청구서 제출

회계관의 전자 청구 제출 시스템을 통해 청구서울 제출할 수도 있습니다. 처리 속도가 더 빠르고 공증을 필요로 하지 않는 전자 청구 제출 시스템을 사용하는 것을 권장합니다.

전자 청구 제출은 다음의 링크에서 가능합니다: https://comptroller.nyc.gov/services/forthe-public/claims/e-filing/.

➢ 청구 문서

사진, 경찰 보고서, 청구서, 송장, 견적서, 감정평가서, 의료 기록, 보험 서류 또는 청구를 뒷받침하는 다른 문서가 있다면 청구 제출 시 함께 제공하는 것이 좋습니다. 직접 제출하거나 등기 우편 또는 내용 증명 우편으로 청구 양식과 함께 지원 문서의 종이 사본을 제출할 수

있습니다. 온라인으로 청구서를 제출할 때에는 전자 청구 제출 시스템에 지원 문서를 업로드할 수도 있습니다. 청구서 제출 후 추가 문서를 제출하고 싶다면 청구 담당자에게 연락하시기 바랍니다.

➢ 청구 통지서의 언어

청구 통지서는 영어로 작성되어야 합니다. 뉴욕 시민 소송법과 규칙 §2101(b)에 따르면 뉴욕 시민 법원과 관련된 모든 서류는 영어로 작성되어야 합니다.

New York City Comptroller
Mark Levine

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

Form Version: NYC-COMPT-BLA-PI1-M3

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:		*Format: MM/DD/YYYY*
Time of Incident:		*Format: HH:MM AM/PM*
Dismissal Date:		*(Police related claims only)*

*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.

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).***

New York City Comptroller
Mark Levine

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
Mark Levine

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007
FormVersion: NYC-COMPT-BLA-HC-LE4

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
FormVersion: NYC-COMPT-BLA-HC-LE4

***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
Mark Levine

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007
FormVersion: NYC-COMPT-BLA-HC-LE4

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
Mark Levine

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

Form Version: NYC-COMPT-BLA-PD2-M2

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 Incident:			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:	

New York City Comptroller
Mark Levine

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.

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

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
Mark Levine

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

Form Version: NYC-COMPT-BLA-PD3-M2

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:	

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:	
			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:	

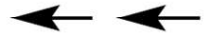
**** Denotes required field(s).***

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

Traffic Control

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

Weather Conditions

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

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
Mark Levine

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

Form Version: NYC-COMPT-BLA-PD1-M2

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:	

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
Mark Levine

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).***