



NEW YORK CITY COMPTROLLER  
**MARK LEVINE**

# Cómo presentar un reclamo

ante la **Oficina del Contralor** de la  
Ciudad de Nueva York

ENERO DE 2026



Este folleto informativo se elaboró a modo de servicio público para ayudar a los demandantes a presentar las notificaciones de reclamo contra la Ciudad de Nueva York. La información de este documento no tiene la intención de ser asesoramiento legal. Si bien no se necesita un abogado para presentar un reclamo contra la Ciudad, los demandantes deben considerar la posibilidad de solicitar asesoramiento jurídico a un abogado.



# Índice

<b>¿Qué es un reclamo?</b> .....	<b>1</b>
<b>Cómo presentar un reclamo</b> .....	<b>2</b>
<b>Cómo se investiga un reclamo</b> .....	<b>2</b>
<b>Ofertas, acuerdos y rechazos de reclamos</b> .....	<b>3</b>
<b>Consejos para presentar reclamos y formularios de reclamos</b> .....	<b>4</b>
➤ Presentación del formulario de reclamo en papel .....	4
➤ Presentación electrónica del formulario de reclamo (eClaim).....	4
➤ Documentación de los reclamos .....	4
➤ Idioma de las notificaciones de reclamo .....	4
<b>Formulario de reclamo por lesiones personales</b> .....	<b>5</b>
<b>Formulario de reclamo laboral de la Ciudad</b> .....	<b>10</b>
<b>Formulario de reclamo por pérdidas o daños por agua</b> .....	<b>13</b>
<b>Formulario de reclamo por daños a la propiedad automotor</b> .....	<b>20</b>
<b>Formulario de reclamo por pérdidas o daños a la propiedad</b> .....	<b>26</b>

## ¿Qué es un reclamo?

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Un reclamo contra la Ciudad de Nueva York (la Ciudad) es una denuncia de que usted o su propiedad resultaron perjudicados debido a algo que la Ciudad hizo o debió haber hecho. Para iniciar el proceso debe presentar una notificación de reclamo.

La ley establece que la persona que quiere hacer un reclamo contra la Ciudad (demandante) debe presentar una notificación de reclamo ante la Oficina del Contralor (Comptroller's Office) antes de presentar una demanda ante un tribunal. La notificación se debe presentar ante la Oficina del Contralor dentro de los 90 días posteriores al incidente. La ley también permite que la Oficina del Contralor investigue y evalúe los reclamos, y que llegue a un acuerdo antes de que los reclamos se conviertan en posibles demandas si se demuestra que la Ciudad puede ser responsable de los daños.

La Ciudad puede ser responsable cuando un acto u omisión negligente, o una acción indebida le causó daños a usted o a su propiedad. Sin embargo, la Ciudad no es responsable de todas las lesiones y daños. Cada reclamo se analiza según sus fundamentos y teniendo en cuenta los hechos y la ley. Por lo general, la Ciudad no es responsable de las lesiones o daños causados por actos de terceros, condiciones defectuosas que la Ciudad no causó o que no conocía con anterioridad, o de "casos fortuitos".

Si bien debe presentar la notificación de reclamo ante la Oficina del Contralor dentro de los 90 días posteriores al incidente, no es necesario que busque una solución para su reclamo a través de este proceso. Pasados los 30 días desde la presentación de la notificación de reclamo, y si cumplió con los requisitos para tener una audiencia 50-h (interrogatorio al demandante bajo juramento), podrá presentar una demanda ante un tribunal. Las demandas deben presentarse ante el tribunal dentro de 1 año y 90 días desde la fecha del incidente.

Tenga en cuenta que el proceso de reclamo no brinda acceso a recursos de ayuda para casos de desastres. Es posible que estos recursos estén disponibles mediante otras agencias u organizaciones sin fines de lucro municipales, estatales o federales. La página de Recursos de Ayuda y Recuperación del Departamento de Manejo de Emergencias de la Ciudad de Nueva York (New York City Office of Emergency Management's Relief and Recovery Resources) puede ser una fuente de información. (<https://www1.nyc.gov/site/em/resources/tips-links.page>)

## Cómo presentar un reclamo

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**LA NOTIFICACIÓN DE RECLAMO SE DEBE PRESENTAR DENTRO DE LOS 90 DÍAS POSTERIORES AL INCIDENTE.** Las notificaciones de reclamo se pueden presentar en línea a través del sitio web de la Oficina del Contralor, de manera presencial o por correo registrado o certificado. Estas notificaciones **no** se pueden presentar por correo electrónico.

Hay varios tipos de formularios de reclamo disponibles en nuestro sitio web.

- (<https://comptroller.nyc.gov/services/for-the-public/claims/e-filing/>) y adjunto al dorso de este folleto. Use: el **Formulario de reclamo por lesiones personales (Personal Injury Claim Form)** si reclama por lesiones a su persona.
- **Formulario de reclamo laboral de la Ciudad (City Employment Claim Form)** si su reclamo se relaciona con los términos y condiciones de su trabajo como empleado de la Ciudad de Nueva York.
- **Formulario de reclamo por daños causados por agua (Water Damage Claim Form)** si su reclamo es por una obstrucción en la alcantarilla o rotura de la tubería principal de agua.
- **Formulario de reclamo por daños a la propiedad automotor (Vehicular Property Damage Claim Form)** si reclama por daños a su vehículo automotor.
- **Formulario de reclamo por pérdidas o daños a la propiedad (Property Damage or Loss Claim Form)** para todos los demás reclamos por daños a la propiedad.

Si tiene preguntas sobre cómo presentar un reclamo, consulte nuestro sitio web para ver las respuestas a las preguntas frecuentes en <https://comptroller.nyc.gov/services/for-the-public/claims/general-faqs/> o llame al Centro de Acción Comunitaria (Community Action Center) al **(212) 669-3916**. También puede comunicarse con el Centro de Acción Comunitaria por correo electrónico en **action@comptroller.nyc.gov** o a través del portal web en <https://comptroller.nyc.gov/about/contactour-office/>.

Una vez presentada la notificación de reclamo, se asignará un número de reclamo y se lo enviará al demandante. Debe mencionar o incluir el número de reclamo siempre que se comunique con la Oficina del Contralor.

Puede presentar un reclamo usted mismo o contratar a un abogado para que lo haga. La Oficina del Contralor suele resolver reclamos de demandantes con y sin representación letrada.

## Cómo se investiga un reclamo

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Después de que se presenta la notificación de reclamo, la Oficina del Contralor investiga el caso para determinar si la negligencia o las acciones indebidas de la Ciudad causaron los daños y para determinar el valor justo y razonable de los daños conforme lo establece la ley. En la investigación se recopila información del demandante, la agencia municipal involucrada y otras fuentes relevantes. Al ser usted el demandante, es posible que se le solicite información para respaldar el reclamo, como fotografías, facturas, presupuestos, información del seguro o historias clínicas. Es posible que deba comparecer en una audiencia 50-h (interrogatorio bajo juramento) para testificar sobre su reclamo. Es posible que nos comuniquemos con usted para inspeccionar los daños que sufrió su propiedad.

Cada investigación se basa en los hechos y circunstancias del reclamo. La investigación puede llevar tiempo. Como las investigaciones implican obtener información de fuentes externas, el tiempo necesario para investigar y resolver un reclamo varía.

El Contralor solo puede resolver reclamos hechos hasta 1 año y 90 días desde la fecha del incidente. En ocasiones, una investigación no puede completarse en ese plazo, y la Oficina del Contralor no ofrecerá un acuerdo. Para continuar con el reclamo, debe presentar una demanda ante un tribunal dentro de 1 año y 90 días desde la fecha del incidente.

## Ofertas, acuerdos y rechazos de reclamos

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Si se determina que la Ciudad no es legalmente responsable del daño, la Oficina del Contralor rechazará su reclamo. Los demandantes pueden seguir con el reclamo y presentar una demanda ante un tribunal. Las demandas deben presentarse ante el tribunal dentro de 1 año y 90 días desde la fecha del incidente.

Si se determina que la Ciudad puede ser responsable del daño, la Oficina del Contralor puede ofrecerle un acuerdo y enviarle una carta de oferta y exención de responsabilidades, o puede llamarlo para ofrecerle un acuerdo y enviarle una carta de conciliación y exención de responsabilidades después de haber llegado a un acuerdo verbal. Una exención de responsabilidades es un documento legal en el que usted acepta discontinuar el reclamo por daños y perjuicios contra la Ciudad a cambio de que se le pague el monto ofrecido.

Puede aceptar la oferta de conciliación, firmarla y presentarla dentro de los 30 días. Si presenta el documento firmado, se le enviará el pago por correo.

Para analizar su reclamo o la oferta de conciliación, o solicitar más tiempo para considerar la oferta, llame a la Oficina del Contralor. La información de contacto de la persona que gestiona su reclamo se incluirá en la carta de oferta.

**NO TODOS LOS RECLAMOS SE RESOLVERÁN CON LA OFICINA DEL CONTRALOR.** Si no desea presentar su reclamo ante la Oficina del Contralor, si la Oficina no puede hacerle una oferta de conciliación o rechaza su reclamo, o si no se puede llegar a un acuerdo, puede presentar su reclamo como una demanda. La ley impone plazos estrictos para presentar una demanda contra la Ciudad. Debe esperar 30 días después de presentar una notificación de reclamo y cumplir con los requisitos de la Oficina del Contralor para tener una audiencia 50-h (interrogatorio bajo juramento) antes de presentar una demanda ante un tribunal. Las demandas deben presentarse ante el tribunal dentro de 1 año y 90 días desde la fecha del incidente.

**SI SU RECLAMO NO SE SOLUCIONÓ Y QUIERE AVANZAR EN EL PROCESO, DEBE PRESENTAR UNA DEMANDA DENTRO DE 1 AÑO Y 90 DÍAS DESDE EL INCIDENTE. LA OFICINA DEL CONTRALOR NO PUEDE CONCILIAR RECLAMOS SI PASÓ 1 AÑO Y 90 DÍAS O DESPUÉS DE QUE SE HAYA PRESENTADO UNA DEMANDA.**

*Las ofertas de conciliación y los acuerdos no constituyen una admisión de responsabilidad.*

# Consejos para presentar reclamos y formularios de reclamos

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## ➤ Presentación del formulario de reclamo en papel

Se adjuntan copias de los formularios de reclamo por lesiones personales, empleo de la Ciudad, daños por agua, daños a la propiedad automovilística y pérdidas o daños a la propiedad. Los formularios de reclamo en papel deben estar **CERTIFICADOS ANTE UN NOTARIO PÚBLICO**.

Los formularios en papel se pueden entregar:

**de manera presencial** en 1 Centre Street, Room 1225, New York, New York 10007, o

por **CORREO REGISTRADO O CERTIFICADO** a Office of the New York City Comptroller, 1 Centre Street, Room 1225, New York, NY 10007.

Si el formulario de reclamo en papel no está certificado o no se presenta como corresponde, es posible que se rechace.

Tenga en cuenta que la Oficina del Contralor **NO PUEDE** certificar su formulario de reclamo ante un notario público ni hacer copias del formulario y la documentación de respaldo. Certifique su formulario de reclamo y haga las copias que necesite antes de asistir a la Oficina del Contralor.

## ➤ Presentación electrónica del formulario de reclamo (eClaim)

También puede presentar su reclamo a través del sistema de presentación eClaim de la Oficina del Contralor. **RECOMENDAMOS USAR EL SISTEMA DE PRESENTACIÓN ECLAIM** porque es un proceso más rápido y no requiere certificación de un notario.

eClaim está disponible en el sitio web de la Oficina del Contralor:

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

## ➤ Documentación de los reclamos

Si tiene fotografías, informes policiales, facturas, recibos, presupuestos, tasaciones, registros médicos, documentación del seguro o cualquier otra documentación que respalde su reclamo, le recomendamos poner a disposición esos documentos cuando presente su reclamo. Puede presentar copias impresas de cualquier documentación de respaldo con su formulario de reclamo cuando lo presente de manera presencial o por correo registrado/certificado. También puede cargar la documentación de respaldo en el sistema de presentación eClaim cuando presente su reclamo de manera electrónica. Si tiene documentos adicionales que le gustaría sumar después de haber presentado su reclamo, comuníquese con el administrador de reclamos.

## ➤ Idioma de las notificaciones de reclamo

**LAS NOTIFICACIONES DE RECLAMO DEBEN HACERSE EN INGLÉS.** De conformidad con la Ley y Normas de la Práctica Civil de Nueva York §2101 (b), todos los documentos que se presentan por litigios en los tribunales civiles de Nueva York deben estar en inglés.







## 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"/>	Format: MM/DD/YYYY
Time of Incident:	<input type="text"/>	Format: HH:MM AM/PM
Dismissal Date:	<input type="text"/>	(Police related claims only)
*Location of Incident:	<input type="text"/>	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.



### 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:



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

**\*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

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Relationship to  
the claimant:

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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 \_\_\_\_\_