



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-3P-A2

## Third Party Claim Form

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

**Filed by**                      TPA Office                      Attorney is filing.

### Insured Party

\*Last Name:

\*First Name:

### Insurance Carrier Information

\*Company:

\*Address:

Address 2:

\*City:

\*State:

\*Zip Code:

\*Country:

### Examiner Information

\*Last Name:

\*First Name:

\*Phone:

### Attorney Information (if carrier represented by attorney)

+Firm or Last Name:

+Firm or First Name:

+Address:

Address 2:

+City:

+State:

+Zip Code:

Tax Id:

+Phone:

+Email Address:

+Confirm Email:

### The time and place where the claim arose

\*Incident Date:                      *Format: MM/DD/YYYY*

Incident time:                      *Format: HH:MM AM/PM*

\*Location:

Address:

Address 2:

City:

State:

Borough:

\* Denotes required fields.

+ Denotes field that is required if Attorney is filing.



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\*Manner in which claim arose:

*\*Denotes field that is required.*



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**Complete if claim involves a NYC vehicle**

**Owner of vehicle claimant was travelling in**

Last Name:

First Name:

Address:

Address 2:

City:

State:

Zip Code:

**Insurance Information**

Insurance  
Company:

Address:

Address 2:

City:

State:

Zip Code:

Policy #:

Phone:

**Non-City vehicle driver**

Last Name:

First Name:

Address:

Address 2:

City:

State:

Zip Code:

**Non-City vehicle information**

Make, Model,  
Year of Vehicle:

Plate #:

VIN #:

**City vehicle information**

Plate #:

**City driver information**

Last Name:

First Name:

**Description of Claimant**

Driver	Passenger	Pedestrian
Bicyclist	Motorcyclist	Other

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**\*Total Amount Claimed:**

*I certify that all information contained in this notice is true, and correct to the best of my knowledge, and belief. I understand that the willful making of any false statement of material fact herein will subject me to criminal penalties, and civil liabilities.*

*\*Denotes field that is required. Total Amount Claimed cannot be entered until all other required fields are completed.*