



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-NF-A2

## No Fault Claim Form

For most claims, electronically filed claims must be filed within 30 days of the occurrence using the Office of the NYC Comptroller's website.

**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:

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:

+Retype Email:

### 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:

\*Retype Email:

Occupation:

City Employee?

Yes

No

NA

Gender:

Male

Female

Other

### The time and place where the claim arose

\*Date of incident:

Format: MM/DD/YYYY

Time of incident:

Format: HH:MM AM/PM

\*Incident Location:

Address:

Address 2:

City:

State:

Borough:

\* Denotes required fields. Either a claimant or attorney email address is required.

+ Denotes field that is required if Attorney is filing.



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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:

### Non-City vehicle driver

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 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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**\*Medical expenses (include dollar amounts):**

If you need more room, attach additional documents.

*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.*