



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:

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

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:

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.

**Denotes field that is required.*