



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-B

# 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.

Attorney is filing.

On behalf of someone else. If on someone else's behalf, please provide the following information:

**Attorney Information (if represented by attorney)**

Last Name:

+Firm or Last Name:

First Name:

+Firm or First Name:

Relationship to the claimant:

+Address:

Address 2:

+City:

+State:

+Zip Code:

**Claimant Information**

\*Last Name:

Tax Id:

\*First Name:

+Phone:

\*Address:

+Email Address:

Address 2:

+Retype Email:

\*City:

\*State:

\*Zip Code:

\*Country:

Date of Birth: *Format: MM/DD/YYYY*

**The time and place where the claim arose**

\*Date of incident: *Format: MM/DD/YYYY*

Soc. Sec #:

Time of incident: *Format: HH:MM AM/PM*

HICN:

(Medicare #)

Date of Death: *Format: MM/DD/YYYY*

\*Phone:

\*Email Address:

\*Retype Email:

Occupation:

City Employee? Yes No NA

Gender: Male Female Other

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.



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-B

## 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



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-B

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

*If you need more room, attach additional documents.*

*\*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-NF-B

*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.*

\*Name

Position/Title

\*Date

*\*Denotes field that is required.*