



Vehicular Property Damage Claim Form

Electronically filed claims must be filed at the NYC Comptroller's Website. If your claim is not resolved within 1 year and 90 days from the date of occurrence you must start legal action to preserve your rights.

- 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 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:

*Retype 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:

*** Denotes required fields.**
A Claimant OR an Attorney Email Address is required.



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

***Manner in which
claim arose:**

A large, empty rectangular box intended for the user to provide details on the manner in which the claim arose.

*** Denotes required field.**

**The items of
damage claimed
are (include dollar
amounts):**



Witness 1 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 2 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 3 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:

Police Information

Police Officer Last Name:

Police Officer First Name:

Shield Number:

Precinct:

Report Number:

Do you have a copy of the Police Report? Yes No

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:

Retype email Address:

Occupation:

City Employee? Yes No NA

Gender Male Female Other

NYC vehicle information

Last Name:

First Name:

Address:

Address 2:

City:

State:

Zip Code:

Vehicle Type:

Plate #:

Towed Away? Yes No

Insurance Information

Do you have collision 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:

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? Released Towed 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? Sheriff Marshall 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"/>

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)

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 |

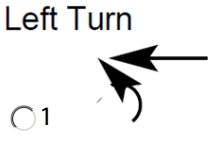
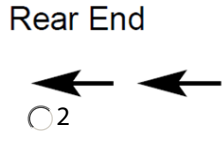
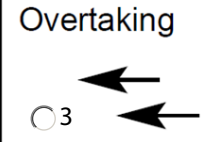
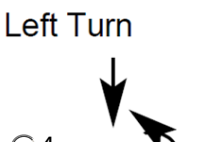

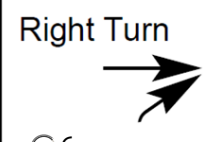
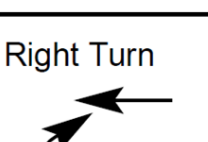
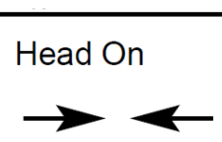
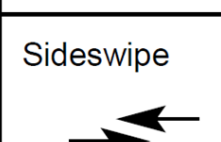
Traffic Control

- | | |
|---|--------------------------------------|
| <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.

<p>Left Turn</p>  <p>○ 1</p>	<p>Rear End</p>  <p>○ 2</p>	<p>Overtaking</p>  <p>○ 3</p>
<p>Left Turn</p>  <p>○ 4</p>	<p>Right Angle</p>  <p>○ 5</p>	<p>Right Turn</p>  <p>○ 6</p>
<p>Right Turn</p>  <p>○ 7</p>	<p>Head On</p>  <p>○ 8</p>	<p>Sideswipe</p>  <p>○ 9</p>

None of these diagrams describes the accident.

Total Amount Claimed:

Format: Do not include "\$" or ",".

*The **Total Amount Claimed** can only be entered once the following required fields are entered: Claimant Last and First Name, Claimant or Attorney Email, Date of Incident, Location of Incident, Manner in which claim arose.*

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.