

Property Damage Claim Form

This form is valid **ONLY** for NYCTA, MaBSTOA, and SIRTOA. Instructions for service on NYCTA, MaBSTOA, and SIRTOA: E-mail this form to serviceclaims@nycct.com within 90 days of the incident. If your claim is not resolved, you will have one year and 90 days from the date of the incident to commence a legal action.

I am filing for myself.
for someone else. If filing for someone else, please provide the following information about yourself.

Last Name
First Name
Relationship to claimant

Claimant Information

*Last Name
*First Name
*Address
*City
*State
*Country
*Zip Code
Date of Birth *Format: MM/DD/YYYY*
Soc. Sec. #
Driver's Lic. #
Phone
*email

Attorney Information (If claimant is represented by an attorney)

Last Name or Firm
First Name or Firm
Address
Address 2
City
State
Zip Code
Tax ID
Phone
*email

Incident Details

*Incident Date *Format: MM/DD/YYYY*
*Incident Time am pm
*Location of Incident (describe and/or provide street address)

Address
*City
*State
*County
Zip Code

*** Denotes required fields. A Claimant OR an Attorney email address is required**

***Please tell us what happened from start to finish, describing the incident, and all damage to your property:**

Helpful information:

Please be specific and include as much information as possible. For example:

If your incident involved a **train**, please tell us which station, line, direction of travel, car number, door location.

If your incident involved a **bus**, please describe the bus operator and tell us which bus line, number, direction of travel.

If your incident involved a **subway station, sidewalk, or sidewalk grating**, please tell us *exactly* where it occurred and how.

If your property was damaged while on a bus, please provide either your MetroCard number, or a clear photo of the back of the MetroCard.

All Incidents:

Please provide all photos and video along with this form.

Witnesses

There were no witnesses

There were witnesses.

Witness #1 (if applicable)

Last Name

First Name

Address

City

State

Zip Code

Phone

email

Witness #2 (if applicable)

Last Name

First Name

Address

City

State

Zip Code

Phone

email

Police Report

Did Police respond? Yes No

If yes, please provide copy of Police Report(s) or provide:

Report Date *Format: MM/DD/YYYY*

Precinct #

Report #

Vehicle Owner Information

Last Name

First Name

Address

City

State

Zip Code

Phone

Driver's Lic. #

Driver of Vehicle

Is driver the owner of the vehicle? Yes No

Is driver the claimant? Yes No

If driver is not the owner *or* the claimant,
please provide the driver's information below:

Last Name

First Name

Address

City

State

Zip Code

Phone

Driver's Lic. #

Vehicle Information

Make

Model

Year

State

Plate #

VIN #

