

## **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 service claims@nyct.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.

| l am filing                | for myself.                                                                | Attorney Information (If claimant is represented by an attorney) |                    |  |
|----------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------|--------------------|--|
|                            | for someone else. If filing for someone else, please provide the following | Last Name or Firm                                                |                    |  |
|                            | information about yourself.                                                | First Name or Firm                                               |                    |  |
| Last Name                  |                                                                            | Address                                                          |                    |  |
| First Name<br>Relationship |                                                                            | Address 2                                                        |                    |  |
| to claimant                |                                                                            | City                                                             |                    |  |
|                            |                                                                            | State                                                            |                    |  |
| Claimant Info              | ormation                                                                   | Zip Code                                                         |                    |  |
| *Last Name                 |                                                                            | Tax ID                                                           |                    |  |
| *First Name                |                                                                            | Phone                                                            |                    |  |
| *Address                   |                                                                            | *email                                                           |                    |  |
| *City                      |                                                                            | Incident Detaile                                                 |                    |  |
| *State                     |                                                                            | Incident Details                                                 |                    |  |
| *Country                   |                                                                            | *Incident Date                                                   | Format: MM/DD/YYYY |  |
| *Zip Code                  |                                                                            | *Incident Time                                                   | am pm              |  |
| Date of Birth              | Format: MM/DD/YYYY                                                         | *Location of Incident (describe and/or provide street address)   |                    |  |
| Soc. Sec. #                |                                                                            |                                                                  |                    |  |
| Driver's Lic. #            |                                                                            |                                                                  |                    |  |
| Phone                      |                                                                            | Address                                                          |                    |  |
| *email                     |                                                                            | Address                                                          |                    |  |
|                            |                                                                            | *City                                                            |                    |  |
|                            |                                                                            | *State                                                           |                    |  |
|                            |                                                                            | *County                                                          |                    |  |
|                            |                                                                            | Zip Code                                                         |                    |  |

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



Department of Law - Claims 130 Livingston Street, 10th Floor Brooklyn, NY 11201

\*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.



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| Witnesses                                                   |                 |                    | Vehicle Owner Information                                                                         |     |    |
|-------------------------------------------------------------|-----------------|--------------------|---------------------------------------------------------------------------------------------------|-----|----|
| There were no witnesses                                     |                 | es                 | Last Name                                                                                         |     |    |
| There <u>were</u> witnesses.                                |                 |                    | First Name                                                                                        |     |    |
| Witness #1 (if applicable)                                  |                 |                    | Address                                                                                           |     |    |
|                                                             |                 |                    | City                                                                                              |     |    |
| Last Name                                                   |                 |                    | State                                                                                             |     |    |
| First Name                                                  |                 |                    | Zip Code                                                                                          |     |    |
| Address                                                     |                 |                    | Phone                                                                                             |     |    |
| City                                                        |                 |                    | Driver's Lic. #                                                                                   |     |    |
| State                                                       |                 |                    |                                                                                                   |     |    |
| Zip Code                                                    |                 |                    | Driver of Vehicle                                                                                 |     |    |
| Pho                                                         | ne              |                    | Is driver the owner of the vehicle? Yes                                                           | Yes | No |
| ema                                                         | il              |                    | Is driver the claimant?                                                                           | Yes | No |
| Witness #2 (if applicable)                                  |                 |                    | If driver is not the owner <i>or</i> the claimant, please provide the driver's information below: |     |    |
| Last Name                                                   |                 |                    | Last Name                                                                                         |     |    |
|                                                             | Name            |                    | First Name                                                                                        |     |    |
| Address                                                     |                 |                    | Address                                                                                           |     |    |
| City                                                        |                 |                    | City                                                                                              |     |    |
| State                                                       |                 |                    | State                                                                                             |     |    |
|                                                             | Code            |                    | Zip Code                                                                                          |     |    |
| Phone                                                       |                 |                    | Phone                                                                                             |     |    |
| email                                                       |                 |                    | Driver's Lic. #                                                                                   |     |    |
| Poli                                                        | ce Report       |                    |                                                                                                   |     |    |
| Did F                                                       | Police respond? | Yes No             | Vehicle Information                                                                               |     |    |
| If yes, please provide copy of Police Report(s) or provide: |                 |                    | Make                                                                                              |     |    |
| Repo                                                        | ort Date        | Format: MM/DD/YYYY | Model                                                                                             |     |    |
| Precinct #                                                  |                 |                    | Year                                                                                              |     |    |
| Report #                                                    |                 |                    | State                                                                                             |     |    |
| •                                                           |                 |                    | Plate #                                                                                           |     |    |
|                                                             |                 |                    | VIN #                                                                                             |     |    |



| Insurance Information                 |     | If damage is to property <i>other than</i> a vehicle specify type of property below: |                                                                  |
|---------------------------------------|-----|--------------------------------------------------------------------------------------|------------------------------------------------------------------|
| Insurance Co.                         |     |                                                                                      |                                                                  |
| Address                               |     |                                                                                      |                                                                  |
| Address 2                             |     |                                                                                      |                                                                  |
| City                                  |     |                                                                                      |                                                                  |
| State                                 |     |                                                                                      |                                                                  |
| Zip Code                              |     |                                                                                      | If the vehicle was involved in any prior or                      |
| Policy #                              |     |                                                                                      | subsequent accidents, please describe and provide dates/details: |
| Agent Name                            |     |                                                                                      |                                                                  |
| Phone                                 |     |                                                                                      |                                                                  |
| Repair cost                           |     |                                                                                      |                                                                  |
| Collision insurance?                  | Yes | No                                                                                   |                                                                  |
| Deductible Amount \$                  |     |                                                                                      |                                                                  |
| Claim submitted to insurance company? | Yes | No                                                                                   |                                                                  |
| Vehicle repaired?                     | Yes | No                                                                                   |                                                                  |
| Did insurance company pay for repair? | Yes | No                                                                                   |                                                                  |

## **Checklist for All Claims**

Please indicate which of the following you have attached. If the attachment is too large for email, you may provide a link to the items in your email message using a service such as Dropbox, OneDrive, Google Drive, or YouTube (for videos).

Photos of vehicle (damaged and repaired) Video Complete Police Report Full insurance policy Repair estimates, actual repair costs, and/or itemized claims submitted to insurance company Receipts for all damages, including completed repairs. Vehicle registration Other (Please attach anything else you feel will be helpful in allowing us to evaluate your claim) **Total Amount Claimed \$** 

By submitting this form to serviceclaims@nyct.com, I hereby certify that all information contained in this Claim Form is true. I understand that making false statements will subject me to criminal and civil penalties.