

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 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.