

## SOUTH CAROLINA DEPARTMENT OF TRANSPORTATION DAMAGE CLAIM FORM

INSTRUCTIONS: Please type or print, except where signature is indicated. If this claim is being submitted for damage to a registered vehicle, the owner(s) of the vehicle must be the claimant(s). In addition to the Claim Form, two repair estimates or a paid invoice must be submitted to substantiate the amount being claimed. In the case of personal injury, or non-vehicular claims, documentation of losses will be required. All applicable blanks on this form must be completed. Claimant(s) signature(s) must be properly notarized.

Claimant(s) _____			Federal Employer Identification Number _____		
Contact person (If claimant is a company or other organization) _____			Social Security Number _____		eMail Address _____
Address (Street, Apartment Number, PO Box) _____			City _____	State _____	Zip _____
(____)____-____ Home Phone	(____)____-____ Work Phone	(____)____-____ Cell Phone	Damaged Vehicle Make _____ Model _____		Tag Number & State _____
Insurance Company(s) _____		Policy Number(s) _____	Agent(s) _____		Phone(s) (____)____-____
Date of Incident _____	Time of Incident _____ AM or PM	\$ _____ Amount Claimed for Personal Injury	\$ _____ Amount Claimed for Property Damage		
Place of Incident _____					
Route/Road where Incident Occurred _____ Nearest Intersecting Route/Road _____					
In or Near Town _____		County _____		Reported to law enforcement agency? If so, which one? _____	
Description of incident, including cause and type of damage or injury (and all parties involved):					
Witness(es) to Incident (Name, Address, Phone Number) _____					
<b>AFFIDAVIT</b>					
COUNTY OF _____			STATE OF _____		
<p><b>Personally appeared before me</b> _____, <b>who, upon oath, says that the above claim is true and just, and that he/she has not received compensation from other sources for damages claimed.</b></p> <p style="text-align: center;">Claimant(s) Name</p>					
Sworn to before me this _____ day of _____, 20 _____.					
Notary Public for _____ (State)			Printed name(s) of claimant(s)		
Printed name of notary			Signature(s) of claimant(s)		
My commission expires _____			Date		
<b>DO NOT WRITE BELOW THIS LINE. FOR SCDOT USE ONLY.</b>					
Other parties involved _____					
Claim Number _____		Date Received at SCDOT _____	SCDOT Representative _____	Approved _____	Amount \$ _____
				Disapproved _____	Date _____