



You must **PRINT**, and get this Damage Claim form **NOTARIZED** before sending it and the supporting documents to SCDOT!

1

Step 1:

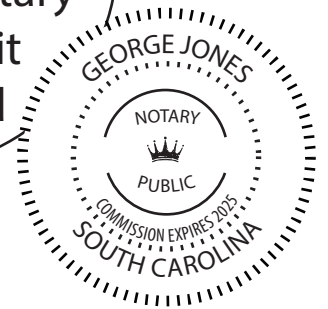
Fill out the form completely and print

Print

2

Step 2:

Take the completed form to a Notary and have it notarized



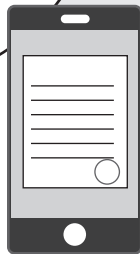
3

Step 3:

Scan or take a photo of the notarized form



← or →



4

Step 4:

Upload the notarized form and the supporting documents (ie. estimates, photos) to:

<https://www.scdot.org/travel/travel-DamageClaims.html>

Submit your documents via the form below.

** The form may take a few seconds to load. **

Name
John Doe

Email
Doe@yahoo.com

Phone
800-111-2222

Drag files here
[Browse files](#)

Upload

1. Please type or clearly print all applicable fields except where signature is indicated.
2. An owner of the vehicle as named on the vehicle registration must be the person named as the Claimant.
3. A copy of the vehicle registration must be included with the Claim Form.
4. Two repair estimates or a paid invoice must be included.
5. The Claimant's signature must be properly notarized.
6. Pictures of the physical damage are very helpful to your claim. Also, if you hit a pothole, please send (a) a photo of the pothole **only if you can safely do so**; (b) a photo of the pothole area with some background to aid the investigator in locating where the damage occurred. If the pothole has been filled when you go to take pictures, please still include the suggested photos.

Claimant(s)					
Contact Person (if claimant is a company of other organization)			Email Address		
Mailing Address			City	State	Zip
() -	() -	() -	Damaged Vehicle Make _____ Model _____		Tag Number & State _____
Home Phone	Work Phone	Cell Phone			
Date of Incident	Time of Incident AM or PM	\$ Amount Claimed for Personal Injury	\$ Amount Claimed for Property Damage		
Place of Incident			Was it in a construction zone? Y N		
Route/Road where Incident Occurred			Nearest Intersecting 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 or Witnesses to Incident (Name, Address, Phone Number)					

Claim Number	Date Received at SCDOT	SCDOT Representative	Approved _____ Amount \$ _____
			Disapproved _____ Date _____