

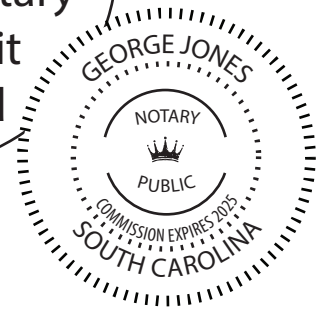


You must **PRINT**, and get this Damage Claim form **NOTARIZED** before sending it and the supporting documents to SCDOT!

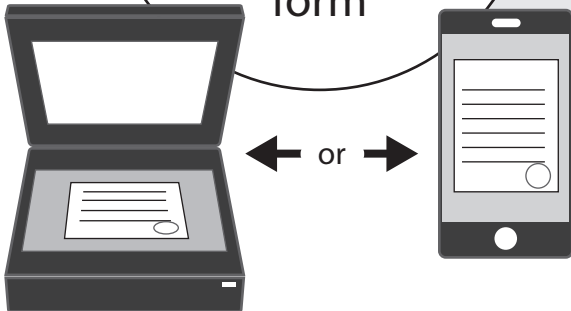
**1** **Step 1:**  
Fill out the form completely and print

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



**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

# SOUTH CAROLINA DEPARTMENT OF TRANSPORTATION DAMAGE CLAIM FORM

Form 2062  
Rev 08/08/2025

WE ARE UNABLE TO PROCESS CLAIMS THAT DON'T MEET THE CRITERIA OF NUMBERS 1-5 BELOW:

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 HAS ONE (1) YEAR FROM DATE OF INCIDENT TO FILE A CLAIM.**

Claimant(s)			
Contact Person (if claimant is a company of other organization)		Email Address	
Mailing Address		City	State
( ) -	( ) -	Zip	
Home Phone	Work Phone	Cell Phone	Tag Number & State
Date of Incident		Time of Incident AM or PM	\$ Amount Claimed for <b>Personal Injury</b>
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)			

## AFFIDAVIT

COUNTY OF \_\_\_\_\_ STATE OF \_\_\_\_\_ ,  
**Personally appeared before me** \_\_\_\_\_ **who, upon oath, says that the above**  
Claimant(s) Name  
**claim is true and just, and that he/she has not received compensation from other sources for damages claimed.**  
 Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Printed name of Notary

\_\_\_\_\_  
Printed name(s) of claimant(s)

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Signature(s) of claimant(s)

Notary Public for \_\_\_\_\_ (State)

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE. FOR HEADQUARTERS USE ONLY.**

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