

South Carolina Department of Transportation

Damage Claim Form



The South Carolina Tort Claims Act allows the claimant one (1) year from the date of incident to file a claim. SCDOT is unable to process claims that do not meet the criteria summarized below.

Please complete all sections of this form. The Claimant must provide **either** two (2) separate repair estimates **OR** one (1) paid itemized invoice. If your damage claim involves a registered vehicle, you must provide a copy of the vehicle registration, and the owner of the vehicle as named on the registration must be the person named as the Claimant. Pictures of the damaged property are strongly suggested. Pictures of the location in which the damage occurred are also helpful and may be provided only if it is safe to do so.

If your damage claim involves Personal Injury and you are unsure as to what amount to claim due to ongoing medical treatment, enter TBD (to be determined) in the personal injury amount field found in Section II, Question 7.

Please mail this form along with the supporting documents to the address listed below.

SCDOT
Attn: Customer Service Center
955 Park Street
Columbia, SC 29201

Section I. General Information

1. Claimant(s): _____
2. Contact Person (if claimant is a company/organization): _____
3. Phone Number: _____ Alternative Phone Number: _____
4. Email Address: _____
5. Mailing Address: _____
City: _____ State: _____ Zip Code: _____
6. Would you prefer to receive your determination letter via email or through traditional mail? _____

Section II. Incident Information

1. Date of Incident: _____ Time of Incident: _____
2. Location of Incident: _____
3. Nearest Intersecting Road: _____ County: _____
4. What caused the damage? (pothole, object in road, etc.) _____
5. Was the incident in a construction zone? Yes No
6. Was the incident reported to law enforcement? Yes No
If so, which one? _____

7. Does this claim involve Personal Injury? Yes No

If yes, please provide the amount you are claiming for Personal Injury: \$ _____

8. Does this claim involve Property Damage? Yes No

If yes, please provide the amount you are claiming for Property Damage: \$ _____

9. Has the Property Damage amount listed above been paid for? Yes No

10. Does this claim involve a Registered Vehicle? Yes No

If yes, please provide the vehicle information:

Make: _____ Model: _____ Tag Number: _____

State: _____ Insurance Company & Policy Number: _____

11. Circle the damaged areas of the vehicle on the diagram below.



FRONT



RIGHT SIDE



BACK



LEFT SIDE

Notes (vehicle damage details):

12. Has compensation been received from your insurance provider to pay for the damage? Yes No

If yes, please explain: _____

13. Witness Name and Phone Number: _____

14. Description of Incident; please be as detailed as possible. You may also use this section to provide any further information you would like to share pertaining to your claim:

Section III. Claimant Agreement

By signing this document, I certify I have given true, accurate, and complete information on this form to the best of my knowledge. I authorize investigation of all statements made in this submission and understand that providing false information or documentation, or a failure to disclose material information will be grounds for denial of my claim and may result in referral for criminal prosecution.

Claimant(s) Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE – FOR SCDOT HEADQUARTERS USE ONLY

Claim # _____	Approved ____ Denied ____
Date Received by SCDOT: _____	Amount Approved \$ _____
SCDOT Representative: _____	Date: _____