

## 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), and a copy of the vehicle's registration must be attached. In addition to the 2062 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 fields on this form must be completed. Claimant(s) signature(s) must be properly notarized.

Claimant(s) _____			
Contact Person (If claimant is a company or other organization) _____		Email Address _____	
Address (Street, Apartment Number, PO Box) _____		City _____	State _____ Zip _____
(____) ____ - ____ Home Phone	(____) ____ - ____ Work Phone	(____) ____ - ____ Cell Phone	Damaged Vehicle Make _____ Model _____ Tag Number & State _____
_____ Date of Incident	_____ Time of Incident	\$ _____ 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 or Witnesses to Incident (Name, Address, Phone Number) _____			
<b>AFFIDAVIT</b>			
COUNTY OF _____		STATE OF _____	
<b>Personally appeared before me _____, who, upon oath, says that the above</b> <div style="text-align: center;">Claimant(s) Name</div> <b>claim is true and just, and that he/she has not received compensation from other sources for damages claimed.</b>			
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 _____