

SOUTH CAROLINA DEPARTMENT OF TRANSPORTATION DAMAGE CLAIM FORM

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(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	Make _____ Model _____ Tag Number & State _____
_____ AM or PM Date of Incident	_____ AM or PM 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) _____			
AFFIDAVIT			
COUNTY OF _____		STATE OF _____	
<p>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.</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	
DO NOT WRITE BELOW THIS LINE. FOR SCDOT USE ONLY.			
Other parties involved _____			
Claim Number _____	Date Received at SCDOT _____	SCDOT Representative _____	Approved _____ Disapproved _____ Amount \$ _____ Date _____