

## 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 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				
( ) - Home Phone	( ) - Work Phone	( ) - Cell Phone	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">Damaged Vehicle</td> </tr> <tr> <td style="border: none;">Make _____</td> </tr> <tr> <td style="border: none;">Model _____</td> </tr> <tr> <td style="border: none; text-align: right;">Tag Number &amp; State _____</td> </tr> </table>	Damaged Vehicle	Make _____	Model _____	Tag Number & State _____
Damaged Vehicle							
Make _____							
Model _____							
Tag Number & State _____							
Date of Incident	Time of Incident	AM or PM	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">\$ _____</td> <td style="border: none;">\$ _____</td> </tr> <tr> <td style="border: none; text-align: center;">Amount Claimed for Personal Injury</td> <td style="border: none; text-align: center;">Amount Claimed for Property Damage</td> </tr> </table>	\$ _____	\$ _____	Amount Claimed for Personal Injury	Amount Claimed for Property Damage
\$ _____	\$ _____						
Amount Claimed for Personal Injury	Amount Claimed for Property Damage						
Place of Incident _____							
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 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\_\_\_\_\_.

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 HEADQUARTERS USE ONLY.**

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