

PERSONAL INJURY CLAIM FORM

Claim must be filed *in person or by registered or certified mail within 90 days of the occurrence* at the NYC Comptroller's Office 1 Centre St. Room 1225, New York, New York 10007. It must be *notarized*. If claim is not resolved within *1 yr and 90 days of the occurrence* you must start legal action to preserve your rights

To the Comptroller of the City of NY: I herewith present my claim against the City of New York
TYPE OR PRINT

PERSONAL INFORMATION

Last Name of Claimant _____ First Name _____
Address _____ Borough _____ Zip Code _____
Date of Birth _____ Social Security # _____ Telephone # _____
Cell # _____ Fax # _____ E-Mail Address _____

ACCIDENT / INCIDENT INFORMATION

Date of Incident _____ Exact Location of Incident _____
Time () AM () PM _____ Describe how incident happened _____
Names(s) of Witness(s) _____
Addresses of Witness(s) _____
Were Police present at accident site Yes () No () _____ Police Report # _____
Police Officer's Names(s) _____ Shield # _____ Precinct _____

Please attach photos of accident scene and/or damage if available

MEDICAL INFORMATION

Date of First Treatment _____ Location of first Medical Treatment _____
Was claimant taken _____ Date treated in _____ Name of Hospital _____
by ambulance _____ emergency room _____
Name and address of treating physician(s) _____
Describe injury in detail _____
Name & Address of your Health Insurer _____ Policy # _____
\$ _____ \$ _____ \$ _____ \$ _____
Total Out of Pocket Expenses _____ Doctors _____ Hospital _____ Other _____

Please attach related bills and receipts

EMPLOYMENT INFORMATION

Status on day of accident _____ Amount earned _____ Days lost _____
Employed () _____ weekly \$ _____ from work _____
Unemployed () _____
Employer's Name _____ Address _____ Telephone _____

COMPLETE IF ACCIDENT INVOLVES A NYC OWNED VEHICLE

Was claimant the owner _____ If no, name & address of owner _____
of the vehicle _____
Was claimant the _____ Name & Address of Insurance Company _____ Policy # _____
() driver _____
() passenger _____

Make, Model, Year of Car Claimant was in Plate # Registration #

Plate # of NYC Vehicle City Agency Involved Name of City Driver

Date

Signature of Claimant

State of New York
County of

I, _____, being duly sworn deposes and says that I have read the foregoing NOTICE OF CLAIM and know the contents thereof: that same is true to the best of my own knowledge, except as to the matter here stated to be alleged upon information and belief, and as to those matters, I believe them to be true

Signature of
Claimant _____

Sworn before me this day
Signature of notary _____