

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). 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) _____ | | | Federal Employer Identification Number (FEIN) _____ | | |
| 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 _____ |
| Insurance Company(s) _____ | | Agent(s) _____ Policy Number(s) _____ Phone(s) (____) ____ - ____ (____) ____ - ____ | | | |
| Date of Incident _____ | Time of Incident _____ AM or PM | \$ _____ 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 _____ |