

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 _____