

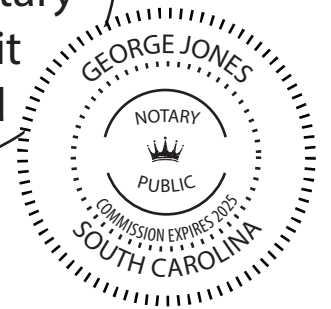


You must **PRINT**, and get this Damage Claim form **NOTARIZED** before sending it and the supporting documents to SCDOT!

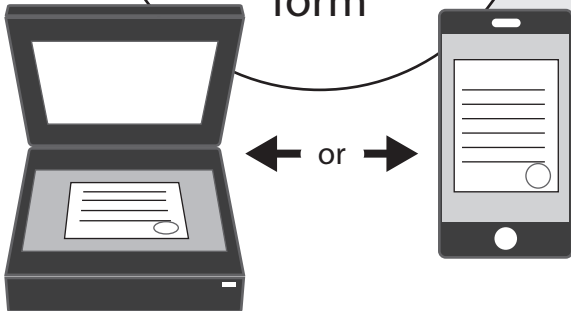
1 **Step 1:**
Fill out the form completely and print

Print

2 **Step 2:**
Take the completed form to a Notary and have it notarized

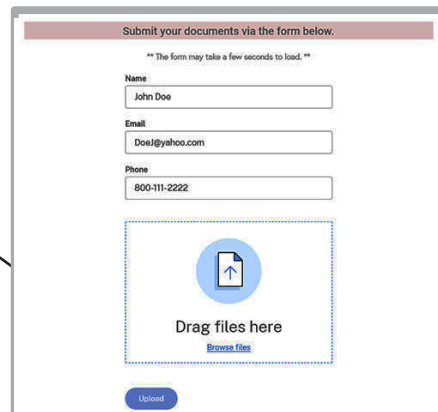


3 **Step 3:**
Scan or take a photo of the notarized form



4 **Step 4:**
Upload the notarized form and the supporting documents (ie. estimates, photos) to:

<https://www.scdot.org/travel/travel-damageclaims.aspx>



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 _____ Zip _____
() - _____ Home Phone	() - _____ Work Phone	() - _____ Cell Phone	Damaged Vehicle Make _____ Model _____ Tag Number & State _____
_____ 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 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**
Claimant(s) Name
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_____.

Printed name of Notary

Printed name(s) of claimant(s)

Signature of Notary

Signature(s) of claimant(s)

Notary Public for _____ (State)

Date

My commission expires _____

DO NOT WRITE BELOW THIS LINE. FOR HEADQUARTERS USE ONLY.

Other parties involved _____

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