

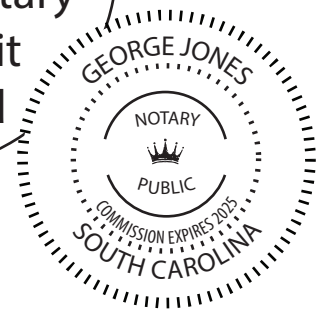


You must **PRINT**, and get this Damage Claim form **NOTARIZED** before sending it and the supporting documents to SCDOT!

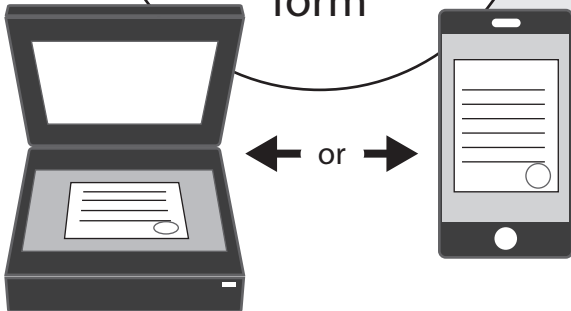
**1** **Step 1:**  
Fill out the form completely and print

Print

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

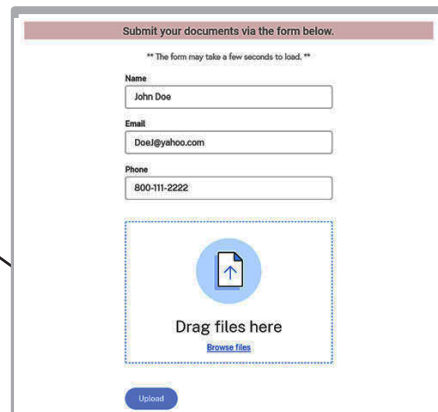


**3** **Step 3:**  
Scan or take a photo of the notarized form



**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						
( ) - Home Phone	( ) - Work Phone	( ) - Cell Phone	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Damaged Vehicle</td> </tr> <tr> <td style="width: 50%;">Make _____</td> <td style="width: 50%;">Tag Number &amp; State _____</td> </tr> <tr> <td>Model _____</td> <td></td> </tr> </table>	Damaged Vehicle		Make _____	Tag Number & State _____	Model _____	
Damaged Vehicle									
Make _____	Tag Number & State _____								
Model _____									
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 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 of Notary  My commission expires _____	Printed name(s) of claimant(s)  Signature(s) of claimant(s)  Date
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**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 _____