

## Pickens County, South Carolina Damage Claim Form

INSTRUCTIONS: Please type or print, except where signature is indicated. If this claim form is being submitted for damage to a registered vehicle, the owner(s) of the vehicle must be the claimant(s). In addition to the 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 notorized.

Contact Person (if claimant is a company or other organization)  Email Address    City										
Address (Street, Apartment Number, PO Box)  City State Zip  Damaged Vehicle Make Model Tag Number & State  Agent(s) Insurance Company(s)  Policy Number(s) Policy Number(s) Phone(s) ( ) - ( ) -  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 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,	Claimant(s)									
Address (Street, Apartment Number, PO Box)  City State Zip  Damaged Vehicle Make Model Tag Number & State  Agent(s) Insurance Company(s)  Policy Number(s) Policy Number(s) Phone(s) ( ) - ( ) -  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 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,										
Home Phone   Work Phone   Cell Phone   Make   Mak	Contact Person (If claimant is a company or other organization)					Email Address				
Home Phone   Work Phone   Cell Phone   Make   Model   Tag Number & State										
Make   Tag Number & State	Address (Street, Apartment Number, PO Box)									
Home Phone   Work Phone   Cell Phone   Model   Tag Number & State			()		Make				_	
Insurance Company(s)  AM or PM SAMount Claimed for Personal Injury  Place of Incident  Nearest Intersecting Route/Road  In or Near Town 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 Phone(s) ( ) -				ell Phone				Tag Number & State		
AM or PM Date of Incident Time of Incident  Nearest Intersecting Route/Road In or Near Town 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 Personally appeared before me  AM or PM S						Agent(s)				
Date of Incident  Time of Incident  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  Personally appeared before me  , who, upon oath, says that the above claim is true and just,	Insurance Company(s) Policy Number(s)					Phone(s) () ()				
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, who, upon oath, says that the above claim is true and just,	AN						\$			
Route/Road where Incident Occurred Nearest Intersecting Route/Road 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,	Date of Incident		Amount Clai	med for Personal Injury Amo		Amount	unt Claimed for Property Damage			
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,	Place of Incident									
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,	Route/Road where Incident Occurred Nearest Intersecting Route/Road									
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,										
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,	In or Near Town				Reported to law enforcement agency? If so, which one?					
AFFIDAVIT  COUNTY OF STATE OF  Personally appeared before me, who, upon oath, says that the above claim is true and just,	Description of incident; including cause and type of damage or injury (and all parties involved):									
AFFIDAVIT  COUNTY OF STATE OF  Personally appeared before me, who, upon oath, says that the above claim is true and just,										
AFFIDAVIT  COUNTY OF STATE OF  Personally appeared before me, who, upon oath, says that the above claim is true and just,										
AFFIDAVIT  COUNTY OF STATE OF  Personally appeared before me, who, upon oath, says that the above claim is true and just,										
AFFIDAVIT  COUNTY OF STATE OF  Personally appeared before me, who, upon oath, says that the above claim is true and just,										
COUNTY OF STATE OF, who, upon oath, says that the above claim is true and just,	·									
Personally appeared before me , who, upon oath, says that the above claim is true and just,	AFFIDAVIT									
Personally appeared before me, who, upon oath, says that the above claim is true and just,	COUNTY OF STATE OF									
Personally appeared before me										
olamanisty) rame	Personally appeared	Defore me	Claimant(s) Name	, w	no, upo	n oatn, says that t	ne above	e ciaim is true and ju	ist,	
and that he/she has not received compensation from other sources for damages claimed.	and that he/she has not	t received compensatio	n from other so	urces for da	mages cl	aimed.				
Sworn to me this day of, 20	Sworn to me this	day of	. 20							
Notary Public for(State) Printed name(s) of claimant(s)	Notary Public for	(atct2)	 Drinted	name(s) of c	aimant/		-			
(State) Finited name(s) of claimant(s)	Notary Fublic for	(State)	rinted	manne(s) or c	aimant	5)				
Drinted name of nature (c) of claimant(c)	Drinted name of nature			_						
Printed name of notary Signature(s) of claimant(s)	Printed name of notary Signature(s) of claim				arit(S)					
My commission expires	My commission expires									
Date										



The South Carolina Tort Claims Act, S.C. Code Section 15-78-60 which governs claims against Government for damages resulting from roadway defects reads as follows: <u>The Government entity is not liable for loss resulting from: . . . (10) natural conditions of unimproved property of the government entity, unless the defect or condition causing a loss is not corrected by the particular governmental entity responsible for the property within a reasonable time after actual or constructive notice of the defect or condition. In other words, Pickens County (Government) is not liable unless it had notice of the defect prior to the incident in question and failed to repair the defect in a reasonable time (72 hours). If Pickens County did not know of the defective condition, it cannot be held responsible for not having repaired it.</u>

If you feel that you have a **valid** claim after reading the previous paragraph, carefully follow the instructions on the Pickens County Damage Claim Form. Please return this completed form and all other documents requested to *Risk Management*.

Mail: Pickens County

Attn: Michael Hayes, Risk Manager

222 McDaniel Ave, B-2 Pickens, SC 29671

Phone: (864) 898-5659

Email: michaelh@co.pickens.sc.us