

Personal Injury Claim Form

This form is valid ONLY for NYCTA, MaBSTOA, and SIRTOA. Instructions for service on NYCTA, MaBSTOA, and SIRTOA: E-mail this form to serviceclaims@nyct.com within 90 days of the incident. If your claim is not resolved, you will have one year and 90 days from the date of the incident to commence a legal action.

I am filing for myself.

 for someone else. If filing for someone else, please provide the following information about yourself.

Last Name

 First Name

 Relationship to claimant

Claimant Information

*Last Name
 *First Name
 *Address
 *City
 *State
 *Country
 *Zip Code

Date of Birth *Format: MM/DD/YYYY*
 Soc. Sec. #
 Driver's Lic. #
 Medicare #
 Metrocard #
 Occupation
 Phone
 *email
 Gender Male Female
 Non-binary Other

Attorney Information (If claimant is represented by an attorney)

Last Name or Firm
 First Name or Firm
 Address
 Address 2
 City
 State
 Zip Code
 Tax ID
 Phone
 email*

Incident Details

*Incident Date *Format: MM/DD/YYYY*
 *Incident Time am pm
 *Location of Incident (describe and/or provide street address)

Address
 *City
 *State
 *County
 Zip Code

*** Denotes required fields. A Claimant OR an Attorney email address is required**

***Please tell us what happened from start to finish, including your injuries and other damages:**

Helpful information:

Please be specific and include as much information as possible. For example:

If your incident involved a **train**, please tell us which station, line, direction of travel, car number (front car, 2nd from front, etc.), door location.

If your incident involved a **bus**, please describe the bus operator and tell us which bus line, number, direction of travel, whether you were standing or sitting, and *exactly* where you were in the bus.

If your incident involved a **subway station, sidewalk, or sidewalk grating**, please tell us *exactly* where it occurred and how.

Please provide either your MetroCard number, or a clear photo of the back of the MetroCard.

All Incidents:

Please provide all photos and video along with this form.

Witnesses

There were no witnesses

There were witnesses.

Witness #1 (if applicable)

Last Name

First Name

Address

City

State

Zip Code

Phone

email

Witness #2 (if applicable)

Last Name

First Name

Address

City

State

Zip Code

Phone

email

Claimant Employment Information

Employer

Address

City

State

Zip Code

Days Lost

Police Report

Did Police respond? Yes No

If yes, please provide copy of Police Report(s) or provide:

Report Date *Format: MM/DD/YYYY*

Precinct #

Report #

Hospital Information

Was claimant taken to hospital by ambulance? Yes No

Amb. Co. Name

Hospital Name

1st Treatment Date *Format: MM/DD/YYYY*

Address

Address 2

City

State

Zip Code

Treating Physician Information

Last Name

First Name

1st Treatment Date *Format: MM/DD/YYYY*

Address

City

State

Zip Code

Phone

email

Complete if claim involves a motor vehicle other than a bus

Driver of vehicle claimant was in (if applicable)

Last Name

First Name

Address

City

State

Zip Code

Phone

Driver's Lic. #

Vehicle information (if applicable)

Make

Model

Year

State

Plate #

VIN #

Insurance Information (if applicable)

Last Name

First Name

Address

City

Zip Code

Phone

Policy #

Owner of the above vehicle (if not the driver)

Last Name

First Name

Address

City

State

Zip Code

Phone

Checklist for All Claims

Please indicate which of the following you have attached. If the attachment is too large for email, you may provide a link to the items in your email message using a service such as Dropbox, OneDrive, Google Drive, or YouTube (for videos).

Photos

Video

Complete Police Report

Medical Records

Metrocard # or photo of back of card

Receipts

Other (Please attach anything else you feel will be helpful in allowing us to evaluate your claim)

Claimed Expenses

Medical Expenses \$

Lost Wages \$

Other \$

Describe

Total Amount Claimed \$

By submitting this form to serviceclaims@nyct.com, I hereby certify that all information contained in this Claim Form is true. I understand that making false statements will subject me to criminal and civil penalties.