



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 notarized.

Claimant(s)									
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	<table style="width: 100%; border: none;"> <tr> <td colspan="2" style="text-align: center; border: none;">Damaged Vehicle</td> </tr> <tr> <td style="border: none;">Make _____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Model _____</td> <td style="border: none;">Tag Number & State _____</td> </tr> </table>	Damaged Vehicle		Make _____	_____	Model _____	Tag Number & State _____
Damaged Vehicle									
Make _____	_____								
Model _____	Tag Number & State _____								
Insurance Company(s)		<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Policy Number(s) _____</td> <td style="border: none;">Agent(s) _____</td> </tr> <tr> <td style="border: none;">Phone(s) () - - () - -</td> <td style="border: none;"></td> </tr> </table>		Policy Number(s) _____	Agent(s) _____	Phone(s) () - - () - -			
Policy Number(s) _____	Agent(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 claim is true and just,</p> <p style="text-align: center; margin-left: 100px;">Claimant(s) Name</p> <p>and that he/she has not received compensation from other sources for damages claimed.</p>									
Sworn to 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							



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: *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.

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