

GREENVILLE COUNTY

GREENVILLE COUNTY ATTORNEY'S OFFICE, 301 UNIVERSITY RIDGE, SUITE 2400, GREENVILLE, SC 29601- 864-467-7110

CLAIM FOR PERSONAL INJURY, PROPERTY DAMAGE, OR LOSS

NAME: _____ HOME TELEPHONE NO: _____

ADDRESS _____ WORK TELEPHONE NO: _____

_____ EMAIL ADDRESS: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____ AM/PM

WEATHER CONDITIONS: _____ EXACT LOCATION OF INCIDENT: _____

WERE YOU INJURED: _____ NO _____ YES. IF YES, STATE THE NAME AND ADDRESS OF THE MEDICAL PROVIDER AND THE NATURE OF THE TREATMENT RECEIVED:

TOTAL EXPENSES (property and/or medical) _____ (ATTACH COPIES/ITEMIZATION)

WAS ANYONE ELSE INJURED? _____

DID YOU HAVE ANY PROPERTY DAMAGE OR OTHER LOSS? _____ NO _____ YES

DESCRIBE THE DAMAGE OR LOSS: _____

HAVE REPAIRS BEEN MADE? _____ NO _____ YES. IF YES, SUBMIT COPY OF BILL.

DO YOU HAVE AN ESTIMATE? _____ NO _____ YES. IF YES, SUBMIT COPY OF ESTIMATE.

DID ANYONE ELSE HAVE PROPERTY DAMAGE? _____ NO _____ YES. IF YES, DESCRIBE:

DESCRIBE HOW THE INCIDENT OCCURRED: _____

(IF VEHICLE DAMAGE – PLEASE PROVIDE COPY OF OWNER’S REGISTRATION CARD)

NAMES OF WITNESSES _____

TODAY'S DATE: _____ YOUR SIGNATURE _____