



## 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;">_____</td> </tr> <tr> <td style="border: none;">Tag Number &amp; State</td> <td style="border: none;">_____</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;">_____</td> <td style="border: none;">Phone(s) ( ) - - ( ) - -</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)											
<b>AFFIDAVIT</b>											
COUNTY OF _____		STATE OF _____									
<p><b>Personally appeared before me _____, who, upon oath, says that the above claim is true and just,</b></p> <p style="text-align: center; margin-left: 100px;"><b>Claimant(s) Name</b></p> <p><b>and that he/she has not received compensation from other sources for damages claimed.</b></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](mailto:michaelh@co.pickens.sc.us)