

City of New York Department of Design and Construction
Division of Infrastructure Bureau of Construction

STANDARD CONSTRUCTION OPERATING PROCEDURE

SCOP..... : 01 -006G
 CATEGORY.... : CONSTRUCTION
 Subcategory : Claims
 Keywords : Claims, Insurance, Property
 Damage, Accident
 Supersedes... : N/A
 Supplements..... : 00-008G
 Sheet..... : 1 of 1
 Issue Date..... : May 29, 2001

SUBJECT: POTENTIAL CLAIMS BY THE PUBLIC

APPROVED: 
 Assistant Commissioner - William F. Lipski, P.E.

When a Potential Claim from the public of any kind (i.e., accident, property damage, etc.) becomes evident to the Resident Engineer, Community Construction Liaison, or other project staff, the attached Property Damage/Claim Notice updated with the project information must be completed by the Complainant and submitted to the Resident Engineer, except as noted below. (If a site safety emergency occurs, please refer to SCOP00-008G *Construction Site Emergency/Accident Notification* for further information.)

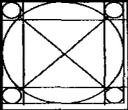
The Contractor must be promptly informed of the details of all potential claims and their response documented along with other details regarding the potential claim in the Project Complaint Log. The Claimant must be advised to contact the Contractor directly regarding their claim. On REI Managed projects, the Community Construction Liaison should provide assistance to the Claimant and try to resolve the minor issues. In all cases, except as noted below, the Claimant must also be advised that if the Contractor has not satisfactorily resolved their claim in 10 days, then they are to write the Borough Engineer and provide the details of their claim.

Upon receipt of a letter detailing the claim from the Claimant, the Borough Director's letter of response along with the appropriate NYC Comptroller's Claim Form/Instructions and the Contractor's insurance information will be forwarded to the Claimant. Forward a copy of the Borough Director's response to DDC's Insurance Risk Management Unit.

If the claim involves water service or sewer house connection damages, the Engineer-In-Charge must be informed promptly. Potential damages which are subsequently repaired privately should be witnessed by the field staff and documented with photos, sketches and in writing so that a determination as to whether the contractor caused the damage can be made if possible. The Contractor should also be invited to witness the repair.

If the complaint involves sidewalks, curbs, and/or grass areas, and the corrective work will be done as part of the project, document the complaint but explain that the restoration work is typically performed upon completion of other contract work. Add the complaint to the Project Complaint Log and to the Punchlist. Inform the complainant that restoration of these areas is a contract requirement and in most cases not an insurance claim issue. It isn't necessary to complete the Property Damage/Claim Notice for this type of complaint. However, if the corrective work isn't required under the contract, or there is any doubt as to whether the contractor is responsible to perform the corrective work, have the complainant complete the Property Damage/Claim Notice as noted above.

Attachments: Property Damage/Claim Notice, Sample Director's Letter, Comptroller's Claim Forms



PROPERTY DAMAGE/CLAIM NOTICE

City of New York Department of Design and Construction

Contract No.:	_____	Reg. No.:	_____
Project Description: _____			
Borough: _____			
Contractor: _____			

Date: _____

COMPLAINANT'S NAME: _____
 COMPLAINANT'S ADDRESS: _____

COMPLAINANT'S PHONE: AM () _____, PM () _____

NATURE OF PROPERTY DAMAGE/CLAIM: _____

Under the terms of the contract, the Contractor is responsible for the repair of any proven property damage and restoration of the construction area, including sidewalks and curbs, to at least the condition that existed prior to the start of construction.

As a protection for the City of New York and the property owners along the route of the construction, preconstruction photographs are taken. The contract requires the Contractor to maintain property damage and liability insurance coverage until the completion of all work.

You are advised to inform the Contractor and the Resident Engineer in the first instance of any property damage claim you may have, and if the Contractor fails to respond within 10 days, you should inform the DDC Borough Director in writing.

Important: If you intend to file a damage claim against the City, you must do so within 90 days of the occurrence with the New York City Comptroller's Office.

Contractor's Contact Name: _____
 Contractor's Contact Phone Number: _____
 Contractor's Name: _____
 Contractor's Address: _____

Borough Director's Name: _____
 Borough Director's Address: _____

Copy To: Complainant, Contractor, Borough Director, D.D., E.I.C., R.E.

PDN 5/22/01
DDC99-1-111



City of New York Department of Design and Construction

Kenneth Holden
Commissioner

DATE

Richard Ocken
Deputy Commissioner
Infrastructure

MR/MS 1ST NAME LAST NAME
STREET ADDRESS
CITY, STATE ZIP

30-30 Thomson Avenue
Long Island City, NY 11101

www.nyc.gov/buildnyc

RE: FMS ID:
Contract Reg. #:
JOB DESCRIPTION
Borough:

Dear *Mr./Ms. (Complainant Name)*:

We are in receipt of your letter dated (*date*) asserting damages arising from work performed by the contractor (*contractor name*), under the above referenced contract. Since the contractor has not resolved this issue to your satisfaction, and since the contract between the City of New York and the Contractor obliges the Contractor to indemnify and hold the City of New York harmless from any property damage claims, any claims must be a matter of adjustment between you and the Contractor's insurance company. The Contractor's insurance company is:

Insurance Company Name
Insurance Company Address
Insurance Company Phone Number

Although Contractors are held responsible for all damage caused by their work, you may also wish to file a claim against the City of New York. We have enclosed the appropriate forms. Please be advised that any claim against the City must be filed within 90 days of the occurrence of the incident in dispute.

If you have any further questions, please contact (*name*), Deputy Director for this project at (*phone number*).

Very truly yours,

(Name)
Director, *Borough*
Infrastructure/Construction

C: Insurance Risk Management Unit (4th fl), Community Outreach Unit, D.D., E.I.C., R.E.

PC Director Letter

DDC99-1-112

INSTRUCTIONS FOR FILING TORT CLAIMS

Under Section 50-e of the General Municipal Law, all tort claims against the City of New York should be filed with:

The Comptroller of the City of New York
Municipal Building - Room 1225
1 Centre Street
New York, New York 10007

The Notice of Claim should be in writing on the enclosed forms or in a similar format. The Notice of Claim must be Notarized and served Personally or by Certified Mail within ninety (90) days from the date of the occurrence.

Mailed claims should be in duplicate. Personal service claims should be in triplicate.

PLEASE NOTE:

1. Tort Claims against the following authorities should NOT be filed with the Comptroller's Office.

N.Y.C. Transit Authority,	New York Housing Authority,
Triboro Bridge & Tunnel Authority,	Board of Higher Education
Operating Authority (MABSTOA)	N.Y.C. School Construction Authority
Manhattan & Bronx Surface Transit Port Authority	
Battery Park City Authority	

Tort Claims against any of the above authorities must be filed directly with the authority involved.

2. Local Law No. 82 of 1979 provides, in part:

"No Civil action shall be maintained against the City for damage to property or injury to person or death sustained in consequence of any street or sidewalk...being out of repair... unless it appears that written notice was actually given to the commissioner of transportation or any person or department authorized by the commissioner to receive such Notice (Department of Transportation, Canal Street Station, P.O. Box 465, New York, N.Y. 10013) or where there was previous injury to person or property as a result of the existence of the defective, unsafe, dangerous or obstructed condition, and written notice thereof was given to a city agency, or there was written acknowledgment from the City of the defective condition.....and there was a failure to neglect within fifteen days after receipt of such Notice to repair or remove the defect.....or the place otherwise made reasonable safe."

**CLAIM AGAINST THE CITY OF NEW YORK
PROPERTY DAMAGE OR LOSS**

To the Comptroller of the City of New York: I herewith present my claim against the City of New York for Property Damage.

Name of PROPERTY OWNER	LAST	FIRST	SS#	HOME PHONE	BUSINESS PHONE	
ADDRESS OF PROPERTY OWNER	NUMBER & STREET	CITY (Borough)	STATE	ZIP	DATE DAMAGE OCCURRED	Mo. Day Yr.

**EXACT LOCATION
WHERE DAMAGE OCCURRED**

**DESCRIBE EXACTLY
HOW DAMAGE
OCCURRED**

DESCRIPTION AND COST OF DAMAGE OR LOSS OF BUSINESS:

Description	Damage Cost	Description	Damage Cost

Total Amount of Damages Claimed \$ _____

CERTIFICATION:

DATE _____ SIGNATURE OF CLAIMANT X _____

STATE OF NEW YORK

COUNTY OF _____ SS: _____

(Print Name) _____ being duly sworn depose and say that I have read the foregoing NOTICE OF CLAIM and know the contents thereof; that same is true to the best of my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters, I believe them to be true.

SIGNATURE OF CLAIMANT X _____

IF CLAIM IS NOT SETTLED, YOU MUST START LEGAL ACTION WITHIN ONE YEAR AND 90 DAYS FROM DATE OF ACCIDENT.

NOTARY PUBLIC STAMP Sworn to before me this _____
day of _____, 19__

Signature of Notary Public

INSTRUCTIONS FOR FILING THIS CLAIM

This claim must be filed either in person or by registered or certified mail within 90 days from the date of damage at the Office of the Comptroller, Municipal Building, Rm. 1225, 1 Centre Street, New York, New York 10007.

IMPORTANT--TO SPEED THE EVALUATION OF YOUR CLAIM

ATTACH COPIES OF : *Itemized statements of estimates of damage

*Itemized paid bills, cancelled checks, etc.,
as proof of payment for repair of damage

*Photographs of damage, if available

Pursuant to State and Federal Law, the Comptroller's Office is authorized to obtain social security numbers for tax reporting purposes and for the collection of liens held by the City and State.

**CLAIM AGAINST THE CITY OF NEW YORK
 AUTOMOBILE PROPERTY DAMAGE
 READ AND FOLLOW INSTRUCTIONS ON PAGE 3**

To the Comptroller of the City of New York: I herewith present my claim against the City of New York for automobile or vehicle property damage.

**TYPE OR PRINT INFORMATION
 VEHICLE OWNER AND DRIVER INFORMATION**

Owners Last First SS# Business Phone
 Name

Home Number & Street City (Boro) Zip Home Phone
 Address

Vehicle Year Make Model Mileage Color License
 Plate Number

Drivers Last First Home Phone Business Phone
 Name

Home Number & Street City (Boro) Zip
 Address

Do you have Yes Did you report accident Yes Were you paid Yes Amount of
 Collision Insurance No to your Insurance Co.? No by your Insurance Co.? No Deductible? _____

Name of Insurance Company Policy #

Address

ACCIDENT INFORMATION

Date of Occurrence Month Day Year Time

Accident Location

Accident Description (in detail)

Tow-Away

Date of Tow: Receipt # Voucher #

Vehicle Towed From Picked up at Location

CONDITIONS AND DESCRIPTION OF ACCIDENT LOCATION

CHECK ACTIONS OF VEHICLES BEFORE ACCIDENT

Your <input type="checkbox"/> NYC <input type="checkbox"/>	<input type="checkbox"/> Going Straight Ahead	Your <input type="checkbox"/> NYC <input type="checkbox"/>	<input type="checkbox"/> Slowing or Stopping	Your <input type="checkbox"/> NYC <input type="checkbox"/>	<input type="checkbox"/> Overtaking
<input type="checkbox"/>	<input type="checkbox"/> Making Right Turn	<input type="checkbox"/>	<input type="checkbox"/> Stopped in Traffic	<input type="checkbox"/>	<input type="checkbox"/> Merging
<input type="checkbox"/>	<input type="checkbox"/> Making Left Turn	<input type="checkbox"/>	<input type="checkbox"/> Entering Parked Position	<input type="checkbox"/>	<input type="checkbox"/> Backing
<input type="checkbox"/>	<input type="checkbox"/> Making U Turn	<input type="checkbox"/>	<input type="checkbox"/> Parked	<input type="checkbox"/>	<input type="checkbox"/> other
<input type="checkbox"/>	<input type="checkbox"/> Starting from Park	<input type="checkbox"/>	<input type="checkbox"/> Avoid Object in roadway	<input type="checkbox"/>	<input type="checkbox"/> Changing Lanes
<input type="checkbox"/>	<input type="checkbox"/> Starting in Traffic				

ROADWAY SURFACE CONDITION

Dry Snow/Ice
 Wet Slush
 Muddy Other
 Construction (man-made cut)
 Pothole (wear and tear condition)

WEATHER

Clear Snow
 Sleet/Hail/Freezing Rain
 Rain
 Other Fog/Smog/Smoke

TRAFFIC CONTROL

None Yield Sign
 Red-Green Other
 Red-Yellow-Green
 Stop Sign Flashing light
 Person directing traffic
 Not working

ACCIDENT DIAGRAM: NUMBER THE VEHICLES
(YOUR VEHICLE IS #1 AND NYC IS #2)

DESCRIBE DAMAGE TO YOUR VEHICLE

Did Police Investigate
Accident ?

Yes Police Officer's
 No Name

Police Accident #

Shield #

Pct.

LIST OF DAMAGES AND COST

DESCRIPTION	COST	DESCRIPTION	COST

TOTAL AMOUNT

CITY OF NEW YORK VEHICLE AND DRIVER INFORMATION

Name of City of N.Y. Driver	Last	First	License Plate #		
Home Address	Number	Street	City(Boro)	State	Zip
Employed by	Towed Away		No <input type="checkbox"/>		

AUTHORIZATION TO INSPECT AND APPRAISE VEHICLE DAMAGE

Kindly complete and sign the authorization to allow us to inspect and appraise the vehicle.

Make/Model of Vehicle _____ Year _____ License Plate # _____
Vehicle I.D. Number _____ Mileage _____
Location where vehicle may be seen _____

Signature X _____

INSTRUCTIONS FOR FILING THIS CLAIM

IMPORTANT

Claims must be filed within 90 days from the date of the accident at the Office of the comptroller, Municipal Building, Rm. 1225 1 Centre Street, New York, New York 10007. Complete the boxes on both sides of the claim form which apply to your claim.

Attach Copies of:

- * ITEMIZED STATEMENTS OF ESTIMATES OF DAMAGES.
- * ITEMIZED PAID BILLS, CANCELLED CHECKS, ETC. AS PROOF OF PAYMENT OFR REPAIR OF DAMAGE.
- * PHOTOGRAPHS OF DAMAGED VEHICLE, IF AVAILABLE.
- * PHOTOGRAPHS OF DEFECTIVE STREET OR ROADWAY, IF AVAILABLE.
- * NOTARIZED WITNESS STATEMENT, IF AVAILABLE.

NOTARY CERTIFICATION

Date Signature of Claimant X

State of New York } ss:
County of

_____ Being duly sworn deposes and says that I have read the foregoing NOTICE OF CLAIM
(PRINT NAME)

and know the contents thereof; that same is true to the best of my own knowledge, except as t the matters therein stated to be alleged upon information and belief, and as t those matters. I believe them to be true.

Signature
Of Claimant X _____

IMPORTANT: IF CLAIM IS NOT SETTLED, YOU MUST START LEGAL ACTION WITHIN ONE YEAR AND 90 DAYS FROM DATE OF ACCIDENT.

NOTARY PUBLIC STAMP

Sworn to before me this _____

Day of _____ 19 _____

Signature of Notary Public

**PROPERTY DAMAGE
CLAIM AGAINST THE CITY OF NEW YORK
FOR WATER DAMAGE OR LOSS**

TO THE COMPTROLLER OF THE CITY OF NEW YORK:

I HEREWITH PRESENT MY CLAIM AGAINST THE CITY OF NEW YORK FOR PROPERTY DAMAGE.

_____ Telephone # () / ()
Print Name Home Business
I reside at _____
Number Street City State Zip
My damaged property
is located at _____
Number Street City State Zip
and was damaged on ____/____/____. Describe in detail how property was damaged _____

Did the damage occur because of a broken N.Y.C. water main? Yes [] No []

Did damage occur because of a sewer pipe overflow? Yes [] No []

Did damage occur because of street flooding? Yes [] No []

Did you report the incident to the Department of Environmental Protection? Yes [] No []

Date reported _____.

Check box below which describes your property: The damaged property is an
Apt. Building [] Retail Store [] Private House [] Commercial Building []
Other [] Describe _____.

Any previous history of water damage? Yes [] No [].

If answer is yes, give date of previous water damage ____/____/____. City Claim# _____

Was it raining at the time of the water damage? Yes [] No [].

Indicate how the water entered the property:

Basement Trap [] Toilet [] Sink [] Bathtub [] Foundation [] Walls [] Sidewalk Gratings
[] Cellar Door [] Other [] DESCRIBE BELOW

How high was water in premises? _____

How was water removed? _____ How long was water in premises? _____

Was there any structural damage to the property? Yes [] No [] If yes,

Describe in detail _____

Was any of the damaged property sold at salvage? Yes [] No []

If answer is yes, amount received \$ _____.

Did your Insurance cover the water damage? Yes [] No [] If yes, state the amount paid \$ _____. Claim Pending []

Name and Address of your Insurance Company _____

Witness(es) _____

AMOUNT OF CLAIM AGAINST NEW YORK CITY \$ _____

CERTIFICATION

Date _____ Signature of Claimant X _____

_____ being duly sworn depose and say that I read the foregoing NOTICE OF CLAIM and know the contents thereof; that same is true to the best of my own knowledge, except as to the matter therein stated to be alleged upon information and belief, and to those matters, I believe it to be true.

SIGNATURE OF CLAIMANT X _____

IMPORTANT: IF CLAIM IS NOT SETTLED, YOU MUST START LEGAL ACTION WITHIN ONE (1) YEAR AND 90 DAYS FROM THE DATE OF OCCURRENCE.

NOTARY PUBLIC STAMP.

SWORN TO BEFORE ME THIS _____

DAY OF _____ 19__

SIGNATURE OF NOTARY PUBLIC

INSTRUCTIONS FOR FILING THIS CLAIM

This claim must be filed in duplicate either in person or by Registered or Certified Mail within 90 days from the date of damage at the Office of Comptroller, Municipal Building, Room 1225S, 1 Centre Street, New York, NY 10007.

NOTICE: DAMAGED PROPERTY SHOULD BE KEPT UNTIL INSPECTED.
IF PROPERTY MUST BE DISPOSED OF, A CLEAR PHOTOGRAPH OF EACH ITEM IS REQUIRED.

LIST OF DAMAGES AND COSTS

<i>DETAILED DESCRIPTION OF DAMAGED ARTICLES</i>	<i>DESCRIBE NATURE AND EXTENT OF DAMAGES</i>	<i>DATE OF PURCHASE</i>	<i>WHERE PURCHASED</i>	<i>COST AT TIME OF PURCHASE</i>	<i>AMOUNT CLAIMED</i>

ATTACH ADDITIONAL SHEETS IF NECESSARY.

TOTAL AMOUNT

PLEASE USE THE SAME FORMAT.

CLAIMED AS DAMAGED: \$ _____