



New York State Canal Corporation
P.O. Box 22058
Albany, NY 12201-2058
www.canals.ny.gov

VEHICLE/VESSEL DAMAGE CLAIM FORM

Purpose: This form is used by patrons to file a claim for property damage incurred while traveling on the Thruway or Canal System.

CLAIMANT INSTRUCTIONS:

Complete all applicable Sections. Within 90 days of the incident, submit the completed form via mail, e-mail or fax to the address/fax number above. The Legal Department will review your claim and respond in writing within approximately 8-10 weeks after the completed form is received. **Submitting this claim form does not guarantee payment or reimbursement.**

NOTE: This form is not a Notice of Intention to make a claim in the Court of Claims. You must pursue the remedies available under the Court of Claims Act. Under this Act there is a 90-day notice requirement, and the Thruway Authority/Canal Corporation advises you to seek the assistance of an attorney for further information.

Section I Claimant Information

Vehicle/Vessel Owner Name		Home Phone No. () -		Work Phone No. () -	
Address		City		State	Zip Code -

Section II Vehicle/Vessel Information

License Plate/Vessel Registration No.		State of Registration	Make	Model
Year	Odometer/Hours	Insurance Carrier		Policy No.

Have you filed a claim with your insurance carrier or received or expect to receive any payment from your insurance carrier for this claim?
 Yes. If Yes, your claim must be submitted by the insurance company in accordance with its "Right of Subrogation".
 No

Section III Incident Information

Vehicle/Vessel Operator Information (if other than owner)						
Operator Name		Operator Address			Operator Phone No. () -	
Incident Date	Incident Time	Town, City or Village	Direction of Travel	Lane of Travel	Nearest Exit or Lock No.	Thruway Milepost (if applicable)
Was a Thruway Authority (Authority) vehicle involved? <input type="checkbox"/> Yes, provide the following: <input type="checkbox"/> No Authority vehicle operator name: _____ License plate or equipment no.: _____					Did the incident occur in a construction zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
					Total Cost of Repairs*	
Witness Name		Witness Address			Witness Phone No. () -	

Enter any police agencies notified of this incident

Description of Incident

Comments or any special circumstances you want to bring to our attention

Section IV Signature

_____	_____
Claimant Signature	Date

*** Attach paid bill or estimate(s) from an established business. If the claim is for replacement of a tire, the estimate(s) must contain a statement indicating the damaged tire could not be repaired and must reflect a deduction for depreciation.**