

**NOTICE OF CLAIM FORM**

Form #: SAF-FOR-017

Current Version: 2.0

Due for Review: 04/13/2023

Page 1 of 1

INSTRUCTIONS: This form must be completed, signed, and mailed/delivered to the address below **within 180 days of the incident** by anyone desiring to make a claim against METRO. Include all personal information, as well as the date, location, and time on which the incident occurred. If you are filing a claim related to a bus or train, include the bus/train number, boarding and exit location, and police report number, if known. Incomplete or missing information may delay the processing of your claim, so please be as detailed as possible regarding property damage or bodily injury.

BACKGROUND INFORMATION

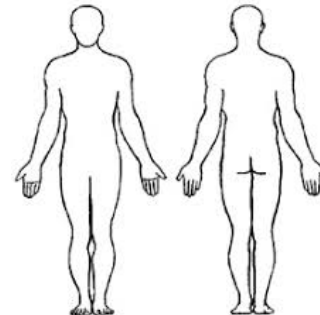
Name: _____ Phone: _____
Address: _____ Q-Card #: _____
Email: _____ City/State/Zip: _____
Date of Incident: _____ Time of Incident: _____ Location of Incident: _____
Your Vehicle Make & Model: _____ Plate#: _____ Color & Year: _____

INCIDENT DESCRIPTION

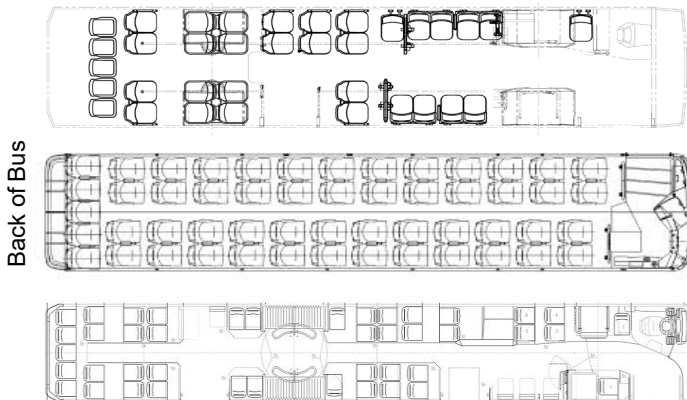
Type of Claim: Auto/Vehicle Bus Train Other
Boarding Location: _____ Exit Location: _____ Route: _____
Witness Name(s) and Phone: _____
Your Vehicle Passengers: _____
Police Report #: _____ Your Property Damage: _____
Description of Incident/Accident: _____

Description of Injuries: _____

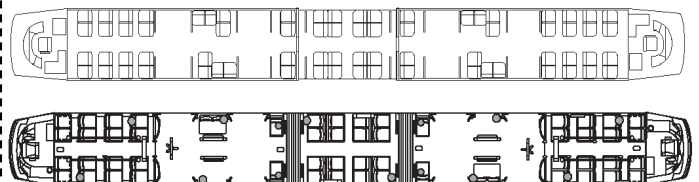
If you have **BODILY INJURY** from this accident, circle the area where the bodily injury occurred below:



BUS# _____ If you were injured on a bus circle your location in the vehicle when the accident occurred below:



LRV# _____ If you were injured on a train circle your location in the vehicle when the accident occurred below:

**CLAIMANT DECLARATION**

I HEREBY DECLARE THAT THE FACTS STATED IN THIS NOTICE ARE TRUE AND CORRECT. ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES. Under the Texas Penal Code, Sec. 35. 02 INSURANCE FRAUD: A person commits an offense if, with intent to defraud or deceive an insurer, the person, in support of a claim for payment under an insurance policy prepares or causes to be prepared a statement that: (A) the person knows contains false or misleading material information; and (B) is presented to an insurer; or (2) presents or causes to be presented to an insurer a statement that the person knows contains false or misleading material information.

Signature: _____ Date: _____

Mailing Address:
METRO / Claims
Division P.O. Box 61429
Houston, TX 77208-1429

Metropolitan Transit Authority of Harris County, Texas
Customer Service Phone: 713-635-4000
Email: liability.claims@ridemetro.org

Delivery Address:
METRO Ride Store
1900 Main Street
Houston, TX 77002



NOTICE OF CLAIM FORM INSTRUCTIONS

Background Information

This section must be completed by anyone who desires to make a claim against METRO. Please print personal contact information, including your name, date form was completed, address, phone number(s), and your city, state and zip code for mailing purposes. In addition, please print the date on which the claim occurred, the location, the time of day, visibility (i.e., light or dark), and the weather conditions at the time of the incident.

Type of Claim: Auto-Vehicle

The section must be completed if you have an automobile involved in an incident. Information regarding the year, make, color, model and license plate number is required, along with the specific area(s) of damage. Please complete the portions relating to passengers and police report information (if known).

Type of Claim: Bus Passenger

The section must be completed if you were a bus passenger involved in an incident. Please print the bus number, route and time of day. Also provide your boarding location and time, and exit location and time of day, along with the police report number, if known.

Type of Claim: Train Passenger

This section must be completed if you were a train passenger involved in an incident. Please print the required information beginning with the train number, time of day, the location where you boarded the train and the time of day. Please include information on the location and time of day that you exited the train, and the police report number, if known.

Type of Claim: Other

This section must be completed if none of the above claim categories apply. Please specify what type of a claim you wish to make including all important information regarding the incident.

Description of the Incident

The "Description of the Incident" section must be completed in order to make a claim. This section allows you to give the facts describing the incident in your own words. Please include the names and contact information of witnesses.

Claimant's Declaration

The "Claimant's Declaration" must be signed and dated by anyone who desires to make a claim against METRO.

Delivery of Notice of Claim Form

The completed Notice of Claim Form may be delivered by mail to:
METRO/Claims Division, P. O. Box 61429, Houston, TX 77208-1429.

The Notice of Claim Form may be delivered in person to:
METRO RideStore, 1900 Main Street, Houston, TX 77002.

The Notice of Claim Form may also be delivered by email
to: Liability.Claims@ridemetro.org.

A Claims representative will contact you once METRO receives the Notice of Claim form. METRO will provide appropriate assistance to persons who are limited in their ability to communicate in English.