

Property Damage Claim Against KTA

Instructions

1. Read the "Notice to Claimant" section prior to completing this form.
2. Complete the requested information in the "Claimant Information" and "Claim Information" sections of this form.
3. Sign the statement at the bottom of this form.
4. Return the completed form via email to GHildreth@ksturnpike.com or mail to Kansas Turnpike Authority, 9401 E Kellogg, Wichita, KS 67207.

Notice to Claimant

In KTA's complete discretion and if circumstances warrant, property damage claims may be paid directly by KTA as opposed to KTA submitting the claim to KTA's insurer for further investigation.

The acceptance by the claimant of any payment made pursuant to this claim shall be final and conclusive and shall constitute a complete release of any and all existing and future claims for personal injury or property damage or loss against KTA and any individual, employee, or agent thereof arising from the stated event. Said acceptance shall be binding on all heirs, successors, and assigns.

Claimant Information *(Please print or type)*

Name: _____ Tax ID No. (SSN or EIN): _____

Address: _____

Personal Phone Number: _____ Work Phone Number: _____

Email Address: _____

Claimant Information *(Please print or type)*

Enter the total amount of the claim: \$ _____

Please briefly state the basis of your claim including the date, time, location, and circumstance of the event. Attach any documents which you feel may be pertinent to your claim, including an itemization of the amount for which you are claiming (indicate deductions for insurance reimbursements, depreciation, etc.).

Date: _____ Time: _____ AM PM County: _____

Nearest City: _____ Highway Name/Number: _____

Direction Traveling: _____ Reference Point/Intersecting Road: _____

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Circumstances of the event:

Has your property damage or loss arising from the stated event been paid, in whole or in part, by any insurance company?

YES NO If yes, state the amount that was paid: \$ _____

I do solemnly, sincerely, and truly declare and affirm that I have read the preceding claim and know the contents thereof and the same are true and correct; and this I do under the pains and penalties of perjury.

Claimant Signature: _____ Date: _____