

Frequently Asked Questions

Q. Who can file a claim against the State of Oklahoma, its agencies, or employees?

A. Only a claimant can file a claim against the State, its agencies or employees. A “Claimant” is defined by state statutes as a “person holding an interest in real or personal property which suffers a loss,” a person “actually involved in the accident or occurrence who suffers a loss”, or “in the case of death,” the administrator or personal representative of the estate of an individual who suffered a loss due to the actions of the State, its agencies or an employee. If damage is to property (i.e. a vehicle), the claimant would be the party listed on the title.

Q. How long from the date of the Incident does the claimant have to file claim?

A. A claimant must present a claim against the State within one (1) year of the date the loss or injury occurs. If a claim is not filed within one (1) year of the date on which the loss occurs, then an individual is “forever barred” from bringing his or her claim. 51 O.S. §156(B).

Q. From the time the claim is received into Risk Management how long does the state have to respond?

A. By statute, the State has ninety days from the date the claim is received to respond to the claim. A claim must be filed in writing. A telephone call does not constitute a claim. If the State has not approved the claim or denied it, the claim is automatically deemed denied by law ninety (90) days after the claim was received. 51 O.S. §157(A). A claim may be settled after the ninety (90) day period ends, but this does not stop or pause the time within which a claimant has to file a lawsuit, unless agreed to in writing. The State makes every effort to investigate and respond to claims as quickly as possible.

Q. When can the claimant file suit?

A. By statute, a claimant cannot file a lawsuit until a claim has been denied or ninety (90) days has passed from the date the claim was filed with the State.

Q. How long do I have to file suit?

A. A claimant has one hundred eighty (180) days from the date a claim is either denied or deemed denied by the passing of the ninety (90) day period to file a lawsuit. 51 O.S. §157(B).

Frequently Asked Questions

Q. Can the claimant get vehicle rental authorized?

A. Risk Management cannot authorize a claimant to rent a vehicle. Each claim must be reviewed by the office of the Oklahoma Attorney General or authorized legal counsel to determine whether a claim will be approved. If a claim is approved, reasonable vehicle rental will be considered as part of the settlement of the claim.

Q. What if the claimant is my minor child?

A. You would then need to fill out the claim form with both custodial parents names as the parent or guardian of the minor. You would both need to sign the claim form.

Q. Will an adjuster be assigned to my claim?

A. Occasionally, Risk Management will assign an adjuster to review a property damage claim for a vehicle.

Q. Can a claimant get authorization for medical care?

A. Risk Management cannot authorize any medical care. Each claim must be reviewed by the office of the Oklahoma Attorney General or authorized legal counsel to determine whether a claim will be approved.

Q. What type of additional documentation may be needed for my claim?

A. For property damage, two estimates or a repair bill and copy of title and registration are required. Other documentation that may be submitted if incurred are estimates or receipts for vehicle rental, towing charges, lost wage statements, etc. If the claim is for personal injury, then copies of all the medical bills and doctors' reports are required. Other documentation that may be submitted are medicine prescriptions, medical aids, etc.

Q. Does the State work like regular insurance companies?

A. The State of Oklahoma is self-insured by Risk Management.

Return claim form and documentation by fax, mail or email to the contact information listed at the top of the page. If you wish to hand deliver the documentation, you will need to contact our office to schedule an appointment at 405-521-4999.

CLAIMANT'S REPORT

EACH PERSON MAKING A CLAIM MUST FILE A SEPARATE CLAIM

PROPERTY CLAIM

Type or Print in Ink

For office use only

For office use only

In filing a claim with the State of Oklahoma, you are saying a State Agency or State Employee has been negligent resulting in damage to your property. Your claim will be evaluated based on documentation you provide.

SECTION 1 – Claimant Information – Property Owner

Claimant's Name _____				
Mailing Address _____				
City _____	State _____	Zip Code + 4 _____		
Phone Number	<input type="checkbox"/> Home	<input type="checkbox"/> Work	() -	Cell () -
Last 4 Digits of SS# _____	Date of Birth _____	/	/	
Were you injured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Email Address _____	

SECTION 2 – Incident Information

Incident Date _____	20 _____	Time _____	<input type="checkbox"/> AM	<input type="checkbox"/> PM
_____	_____	_____	_____	_____
Address/Highway	City	State	County	
Description of Incident:				
<i>Add sheet for additional comments</i>				

SECTION 3 – State Agency Involvement

Describe any evidence that will prove the State or a State employee was negligent:

_____	_____
Identify State Agency Involved	State Employee Name
_____	_____
Make and Model of State Vehicle	Tag and Unit Number

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SECTION 4 – Claimant Property Damage

Year	Make	Model	Mileage
<i>Each amount listed below must be supported with documentation.</i>			
<u>Vehicle Damages</u>			
Wrecker/Tow	\$	_____	
Vehicle Storage	\$	_____	
Estimate #1	\$	_____	
Estimate #2	\$	_____	
Vehicle Rental	\$	_____	
Other expense	\$	_____ Description: _____	
Other expense	\$	_____ Description: _____	
<u>Personal Property Damage, other than vehicle</u>			
Item _____	\$	_____ How damaged _____	
Item _____	\$	_____ How damaged _____	
Item _____	\$	_____ How damaged _____	
Notes: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____			

CLAIMANT'S REPORT

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SECTION 5 - Claimant Insurance Information

Have you reported this incident to your personal insurance? Yes No

Have you filed a claim with your personal insurance? Yes No

Do you have comprehensive coverage on your vehicle? Yes No

Insurance Company Name _____

Policy Number _____ Policy Deductible \$ _____

Agent Name _____ Phone Number () - _____

Amount received/to be received from your personal insurance \$ _____

SECTION 6 - Claim Documentation Checklist

Title or Registration

Wrecker Bill

Witness Contact Info

Photos of Damage

Storage Bill

Witness Statements

2 Estimates

Vehicle Rental Estimate

Proof of Ownership

Paid Receipts

Police Report

Receipts of Purchase

Title or proof of ownership, pictures of damage, estimates or paid receipts & police report (if available) must be provided. Submit any additional documentation from list above.

Enter amount of compensation required for full settlement of your property damage. \$ _____

WARNING

It is a Felony to make or present a false, fictitious or fraudulent claim for payment of public funds.
The State of Oklahoma will prosecute and conviction may result in criminal penalties.
21 O.S. §358 – 359

The information in this claim form is true and correct to the best of my knowledge.

Signature OR _____
Authorized Signers Signature

Signers Printed Name Authorized Signers Printed Name

Date Title of Authorized Signer