

OFFICE OF ACCOUNTS AND CONTROL

**OAC-PAYMENT OF CLAIMS FOR LOSS/DAMAGE**

**OFFICE OF ACCOUNTS & CONTROL**

**PAYMENT OF CLAIMS FOR  
PROPERTY DAMAGE  
Or LOSS CLAIMS POLICY A-49**

**Division Contact:**  
**Louise Sawtelle**  
401-222-2704

Louise.Sawtelle@doa.ri.gov

**Effective 1/1/1996**

**Revised 7/1/2018**

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**1. Purpose**

This Policy provides guidance to State departments, agencies and personnel regarding a person's ability to file a claim against the State for certain property damage or loss. The circumstances under which these payments are authorized and the maximum payment limits are detailed below.

**2. Applicability**

This Policy shall apply to reimbursement claims presented by both state employees and non-state employees:

- A. The State may reimburse a property owner for loss or damage sustained to personal or real property in the following instances:
1. State Owned Motor Vehicle or Motorized Equipment: Up to \$100 for loss or damage to his or her property by reason of the negligent operation by any state officer or employee of a state-owned motor vehicle or other motorized equipment. The person may file a claim with the director of the department in which the state officer or employee is employed ("department director"). The claim must be sent through the Division of Capital Asset Management and Maintenance, Office of Insurance/Risk Management ("Office of Insurance/Risk Management") for review and recommendation. After receipt of the recommendation from the Office of Insurance/Risk Management, the department director shall determine whether the claim is proper. If the department director determines the claim is proper, the director may, with the approval of the Attorney General and the Director of Administration, allow the claim, in whole or in part. The department director may then authorize the Office of Accounts and Control to make payment for damages up to \$100. R.I. Gen. Laws § 35-6-40.
    - a. Definition of "motorized equipment": Any item of equipment that is operated or propelled by a motor, engine or other non-living power source, i.e., motorized leaf blower, motorized lawn mower (riding or push type), automobile, backhoe equipment, truck, earth grader, etc.

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- b. The State's auto liability insurer will investigate and adjudicate all claims over \$100 or any amount involving personal injury related to injury, loss or damage resulting from operation of state-owned or leased motor vehicles and off-road equipment licensed for on road use. Claims should be forwarded to State Fleet, with a copy to the Office of Insurance/Risk Management.
2. Pothole Damage: Up to and not more than \$300 for damage to a person's motor vehicle caused by a pothole, and which except for such pothole no damage would have occurred, on any state highway, causeway or bridge. R.I. Gen. Laws § 24-8-35.
  - a. All claims shall be made within seven (7) days of the date the damage was sustained.
  - b. All claims shall be submitted in a written report and a manner prescribed by the Director of Transportation. The Director of the Department of Transportation shall in all instances make the final determination of any claim so submitted.
  - c. No claim for damage caused to a motor vehicle registered in a foreign state shall be considered unless that state has a similar statute affording similar protection to persons owning motor vehicles registered in this State.
  - d. The Director of Transportation may authorize the Office of Accounts & Control to make payment for damages up to \$300.00.
3. Other property loss or damage to real or personal property: Up to \$1,000 for loss or damage to real or personal property by causes other than those listed in Section A1 or A2.
  - a. Employee claims. The director of any state department or agency is authorized to investigate and with the concurrence of the Office of Insurance/Risk Management, authorize the Office of Accounts & Control to make payment to officers or employees for real or personal property damage or loss occurring while that officer or employee is acting within the scope of employment. The real or personal property damage or loss

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must be caused, in the opinion of both the director and with the concurrence of the Office of Insurance/Risk Management, to the extent of any negligence of the state departments, agencies and their personnel (excluding the claimant). Claimants shall have exercised reasonable care to prevent any loss or damage. Payments for these claims cannot exceed \$1,000.

- b. Non-Employee Claims – The director of any state department or agency is authorized to investigate and with the concurrence of the Office of Insurance/Risk Management, authorize the Office of Accounts & Control to make payment to any other person for real or personal property damage or loss occurring under circumstances which establish, in such director's opinion and with the concurrence of the Office of Insurance/Risk Management, that such damage or loss was caused to the extent of the negligence of the state department or agency and their personnel acting within the scope of their employment. Claimants shall have exercised reasonable care to prevent any loss or damage. Payments for these claims cannot exceed \$1,000.

**3. Time Limit to File Claims**

Except as detailed above, the claim for loss or damage must be presented to the State **within six (6) months of occurrence**.

**4. Exclusions**

The Policy shall not apply in the following instances when:

- a. The claim has been adjudicated by a state or federal court and a court order to pay the claim is issued.
- b. A specific act or resolve of the General Assembly authorizes payment of a claim(s).
- c. A claim is covered by Workers' Compensation.
- d. When a State employee or officer uses his/her own automobile in the discharge of official duties; for any claim during such use for personal

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property loss or damage to such automobile or loss or damage to another's automobile, real or personal property or personal injury, the employee or officer must file a claim with his/her automobile insurer.

- e. No claim payment may be made to a person who is an insurer and who is making the claim as a subrogee for all or part of any amount paid to such person's insured.
- f. A claim involves a dispute for salary or wages or is related to a collective bargaining agreement, grievance or arbitration procedure.
- g. A claim is governed by an agreement the State has entered into with a contractor/vendor.
- h. A claim for personal injury.

**5. Disallowance of Claims or Accounts**

Whenever any claim or account is disallowed by the State Controller, he or she shall state upon or annex to the claim and shall also keep a record thereof: the date, the amount, the name of the person presenting it, the nature of the claim and his or her reasons for disallowing it. R.I. Gen. Laws § 35-6-12.

**6. The Joint Committee on Accounts and Claims**

Except as otherwise provided in this Policy, any claim in excess of the above amounts may be submitted to the Joint Committee on Accounts and Claims ("Joint Committee"). The Joint Committee may reimburse the claimant for loss or damage to his/her real or personal property in excess of the above amounts in accordance with R.I. Gen. Laws § 22-7-1, *et seq.* Except as otherwise provided by this Policy, the Joint Committee may hear appeals of claims previously denied by a Department Director under this Policy.

The Joint Committee is only authorized to make payments up to \$10,000.00. Any claim over this amount, involving personal injury or not covered by this Policy shall be referred to the Attorney General, with a copy to the Office of Insurance/Risk Management.

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**7. Procedures for Payment of Claims by the Office of Accounts & Control  
Regarding Eligible Payments**

- A. The claim for reimbursement must be accompanied by all of the following:
1. A completed and signed Statement and Claim Form as well as any related incident reports and photographs.
  2. Either proof of payment or estimate of repair or replacement (for the repair of damages or replacement of loss). Proof of payment is the front and back of a canceled check, a credit card receipt, or a vendor's invoice billed to the claimant and marked "Paid." The claim shall detail any other payments pending or received for the same incident, which payments may be considered in whether to allow/disallow the claim.
  3. A signed and notarized Affidavit/Release/Indemnification from liability.
- B. Except as required by this Policy, the claim for reimbursement and all required documentation noted above must be submitted to the Office of Insurance/Risk Management for review and recommendation. After receipt of the recommendation from the Office of Insurance/Risk Management, the department director may authorize the claim to be paid by signing the document, adding the appropriate RIFANS account(s) to which the department expenditure is to be posted, and forwarding to the Office of Accounts & Control for processing.
- C. Any payment amount shall be limited by the provisions of this Policy. Furthermore, any payment for damage shall also be limited to the lesser amount of: 1) the amount approved for the claim for reimbursement; 2) an amount that is reasonable and necessary to restore the property to the lesser of its normal use or its fair market value; and, 3) the item's original cost minus depreciation.
- D. The Statement and Claim Form and Affidavit/Release/Indemnification to be signed/notarized by claimant may be found on the Office of Accounts and Control's website and attached hereto.

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**8. Signatures:**



**8/8/2018**

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**State Controller**

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**Date**



**8/8/2018**

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**Director of Administration**

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**Date**



OFFICE OF ACCOUNTS AND CONTROL  
STATEMENT AND CLAIM FORM  
PROPERTY LOST OR DAMAGED

(Please Answer **All** Questions)

**STATE EMPLOYEE** \_\_\_ Yes \_\_\_ No

Name \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Insurance Co. \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Date of Incident \_\_\_\_\_

Phone \_\_\_\_\_ Incident Reported \_\_\_ Yes \_\_\_ No

Property Damaged \_\_\_ Yes \_\_\_ No Reported To \_\_\_\_\_

Property Stolen \_\_\_ Yes \_\_\_ No Report Number \_\_\_\_\_

**YOU MUST ATTACH A COMPLETED INCIDENT REPORT WITH THIS FORM**

Please give a brief description of item (s) damaged or stolen.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proof of Payment Attached \_\_\_ Yes \_\_\_ No

Repair or Replacement Quote/Estimate Attached \_\_\_ Yes \_\_\_ No

**YOU MUST ATTACH PROOF OF PAYMENT OR QUOTE/ESTIMATE WITH THIS FORM**

Claimant Signature:	Date:
Office of Insurance/Risk Management Recommendation:	
Yes: <input type="checkbox"/> No: <input type="checkbox"/> Signature:	Date:
RIFANS Account Number:	
Agency Director Signature:	Date:

For more information visit our web site: <http://controller.admin.ri.gov/Policies/index.php>



OFFICE OF ACCOUNTS AND CONTROL  
AFFIDAVIT/RELEASE/INDEMNIFICATION

I, \_\_\_\_\_ the undersigned depose and say that:  
Print Claimant Name

1. For and in consideration of the delivery of a draft or check to the undersigned in the sum of \_\_\_\_\_ which will be forthcoming, the undersigned does hereby release from all liability, defend, protect, save and hold harmless and indemnify (including costs and reasonable attorneys' fees) and forever discharge the State of Rhode Island, its Departments and Agencies and their respective officers, employees, agents and servants from all claims, demands, damages, actions or causes of action, on account of damage to property resulting from or arising out of, directly or indirectly, an incident which occurred on or about \_\_\_\_\_ (Date), further described in the Claim form attached hereto and made a part hereof.
2. Neither I, nor anyone on my behalf, has received payment on said Claim, nor do I expect to receive payment on said Claim from any other source. If I do receive any payment from any other source whatsoever I shall immediately, without demand, reimburse the State of Rhode Island.
3. I am fully aware that the State of Rhode Island, its agents and servants may continue to investigate the circumstances of this Claim and in the event the State of Rhode Island denies this Claim, no payment shall be made to me.
4. I understand and agree that this is a FULL and FINAL RELEASE in full compromise and settlement of all claims of every nature and kind whatsoever, and release of all claims whether known or unknown, suspected or unsuspected resulting from or arising out of, directly or indirectly, the incident noted above.

The undersigned states that this Affidavit/Release/Indemnification has been carefully read and is signed as the free act and deed of such undersigned, and that this settlement is not to be construed as an admission of liability on the part of the parties released.

\_\_\_\_\_  
Signature of Claimant

Dated: \_\_\_\_\_

State of \_\_\_\_\_  
County of \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary

Commission Exp.: \_\_\_\_\_