Notice of Intention to Make Claim

This form must be subscribed and sworn to.

To: MOTOR VEHICLE ACCIDENT INDEMNIFICATION CORPORATION

Fax or e-mail notification is not acceptable.

NEW YORK, N.Y. 10038	phone: 646-205-7800		
State of New York - County of -ss	s.		
the State of New York, this affidavit is p Indemnification Corporation for the pur	t sections of Article 18 of the Insurance Law of presented to the Motor Vehicle Accident pose of giving my Notice of Intention to Make ent Corp. for injuries sustained by me. I have		
My name is	; my date of birth is		
I reside at	:		
Street Address /Apt	City - State - Zipcode		
My Social Security # is:	My email is: My telephone number is:		
I am employed by:	[] Unemployed		
I was involved in an automobile acciden	nt on: Month Day Year time (am/pm)		
Place of Accident:Street or highwa	ay City State		
I was driver [] a passenger []	of vehicle #1 [] a pedestrian [] vehicle #2 [] a bicyclist []		
Vehicle #1	Vehicle #2		
Vehicle #1Year/Make/Model/Color	Year/Make/Model/Color		
License Plate #:State	License Plate #:State		
Owner:	Owner:		
Address:			
Driver:			
Address:	Address:		
Insured by:Policy #:	Insured by: Policy #:		
	Effective Date: Expiration date:		
The accident was reported to the Police on _	, in Date		

Description of Injury & Expense Incurr	ed:	
Is your injury covered by insurance?		No[] Insurance Company
Are you receiving Worker's Compensati		No[] ame of Insurance Co.
Description of Accident		
Did anyone live with you on the date If yes, list all the people that lived w Name Relation	rith you on the	
Do any of the people you live with own Owners name Insurance Company Policy #:		
•		-
Name:	nesses to the A	Accident
Address:	Address:	
Telephone:	Telephon	ne:
Reason for application to Motor Vehicle	e Accident Inden	
Uninsured Car [] Denial of Coverage [] attach control attach contr	ору ору	Stolen Car [] Unidentified Car []
>>>>> Attach a copy of both	sides of Police	<u>Report</u> <<<<<<
CONTAINING ANY MATERIALLY DURPOSE OF MISLEADING, INFO	R PERSON W. FALSE INFOR RMATION CO LENT INSURA CIVIL PENALT	HO FILES A STATEMENT OF CLAIM MATION, OR CONCEALS FOR THE ONCERNING ANY FACT MATERIAL INCE ACT, WHICH IS A CRIME, AND TY NOT TO EXCEED FIVE
Of ,20	(S	ignature of person making claim)
Notary Public (signature)	_	