

Notice of Intention to Make Claim

This form must be subscribed and sworn to and submitted in triplicate.

Fax or e-mail notification is not acceptable.

To: MOTOR VEHICLE ACCIDENT INDEMNIFICATION CORPORATION
110 WILLIAM ST.
NEW YORK, N.Y. 10038
phone: 646-205-7800

State of New York } ss.:
County of

Pursuant to Article 52 and or pertinent sections of Article 18 of the Insurance Law of the State of New York, this affidavit is presented to the Motor Vehicle Accident Indemnification Corporation for the purpose of giving my Notice of Intention to Make Claim against said Motor Vehicle Accident Corp. for injuries sustained by me. I have been duly sworn and state:

My name is ; my date of birth is

I reside at
Street Address City State Zipcode

My Social Security # is:

I am ☐ employed by: ☐ Unemployed

I was involved in an automobile accident on:
Month Day Year time (am/pm)

Place of Accident:
Street or highway City State

I was driver ☐ a passenger ☐ of vehicle #1 ☐ a pedestrian ☐
vehicle #2 ☐ a bicyclist ☐

Vehicle #1	Vehicle #2
Year Make Model Color	Year Make Model Color
License Plate #: State	License Plate #: State

Owner:	Owner:
Address:	Address:

Driver:	Driver:
Address:	Address:

Insured by:	Insured by:
Policy #:	Policy #:

Effective Date:	Expiration date:	Effective Date:	Expiration date:
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Name of Insurance Company

Name of Insurance Company

Submit in triplicate.