## **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.

	. VEHICLE ACCI LIAM ST.	DENT INDEMNIFICAT	ΓΊΟΝ CC	ORPORATION	N	
	ORK, N.Y. 10038		phone:	646-205-7800	)	
State of Ne County of	w York	\ss.:				
New York, the purpos	this affidavit is e of giving my	presented to the M	otor Ve o Make	hicle Accide Claim aga	nt Indemn inst said	ance Law of the State of iffication Corporation for Motor Vehicle Accident
My name is			; my date of birth is			
I reside at	Street Add	ress	City	S	State	Zipcode
My Social S	Security # is:					
I am [] en	mployed by:					[] Unemployed
I was invol		mobile accident on:	Month	Day	Year	time (am/pm)
		or highway		City		State
I was	driver []	a passenger []	of	vehicle #		a pedestrian [] a bicyclist []
Vehicle #1			Vehic	ele #2		
Year Make I License Pla		State	Year Make Model Color License Plate #:		State	
Owner: Address:		Owner: Address:				
Driver: Address:		Driver: Address:				
Insured by:		Insured by:				

Policy #:

Effective Date:



Policy #:

Effective Date:

Expiration date:

Expiration date:

		Name of Insura	No [ ]					
Are you receiving Worker's Co	ompensation?	Yes [] Name of Insura	nce Company No[]					
Description of Accident								
List all the people that live with you: (attach another page if more room is needed) Name Relation Date of Birth								
Do any of the people you live Owners name Insurance Company	with own a vehicle	232[] 232[						
Policy #:		Effective:	Expires:					
Witnesses to the Accident								
Name: Address:		Name: Address:						
Telephone:		Telephone:						
Reason for application to Motor Vehicle Accident Indemnification Corporation:								
Uninsured Car [] Denial of Coverage [] Disclaimer of Coverage []	attach copy attach copy	Stolen Car Unidentified Car	[]					
>>>>> Atta	ch a copy of both	h sides of Police Repor	t <<<<<					
ANY PERSON WHO KNOW COMPANY OR OTHER PLANY MATERIALLY FAI MISLEADING, INFORMAT MITS A FRAUDULENT IN SUBJECT TO A CIVIL PE THE STATED VALUE OF	ERSON WHO FILSE INFORMATION CONCERNISURANCE ACTORICE THE CLAIM FOR THE C	ILES A STATEMENT FION, OR CONCEAL HING ANY FACT MAT F, WHICH IS A CRIM D EXCEED FIVE TH	OF CLAIM CONTAINING S FOR THE PURPOSE OF ERIAL THERETO, COM- E, AND SHALL ALSO BE OUSAND DOLLARS AND					
20		Signature of pers	on making claim					

Notary Public (signature)