

Notice of Intention to Make Claim

This form must be subscribed and sworn to. Fax or e-mail notification is not acceptable.

To: MOTOR VEHICLE ACCIDENT INDEMNIFICATION CORPORATION
100 WILLIAM ST, 14th Floor
NEW YORK, N.Y. 10038 phone: 646-205-7800

State of New York -
County of _____ -ss.

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 /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 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: _____

The accident was reported to the Police on _____, in _____
Date Precinct - City - State

