

# MARYLAND AUTOMOBILE INSURANCE FUND

Uninsured Division

P.O. Box 509

Annapolis, Maryland 21404

## NOTICE OF CLAIM

1.) Claimant \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

Date/Time of Accident: \_\_\_\_\_

Location of Accident \_\_\_\_\_  
(Street) (City) (State)

Description of Accident: \_\_\_\_\_

2.)

Vehicle #1	
Year _____	Make _____
Tag _____	State _____
Owner: _____	
Address _____	
Driver _____	
Address _____	
Insurer. _____	

Vehicle #2	
Year _____	Make _____
Tag _____	State _____
Owner. _____	
Address _____	
Driver _____	
Address _____	
Insurer. _____	

Passenger

Pedestrian

Passenger

3.) Household Resident (if none, state -none") \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN# \_\_\_\_\_

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

4.) Attach all appropriate documents:

- A. Medical bills and reports to date
- B. Police Report
- C. Your Affidavit of Facts of the Accident
- D. MVA Records
- E. Insurance Company Cancellations or Disclaimers
- F. Appraisals, Repair Bills, or Estimates

5.) NOTICE OF CLAIMS NOT CONFORMING TO INSURANCE ARTICLE 20-601 AND APPLICABLE REGULATIONS (COMAR 14.07.04) MAY BE RETURNED TO YOU FOR FURTHER DOCUMENTATION.

6.) Property Damage - describe property and damage to it. Submit with this Notice two (2) estimates and photo of damaged property. If damage to real property, attach copy of all policies on property. \_\_\_\_\_

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

7.) INJURIES \_\_\_\_\_

\_\_\_\_\_

WITNESSES

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

AFFIDAVIT

I solemnly affirm under penalties of perjury and upon personal knowledge that the contents of the foregoing paper are true.

\_\_\_\_\_  
(SIGNATURE)

8.) COMMENTS: \_\_\_\_\_

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