

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 -
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 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: _____

