

MARYLAND AUTOMOBILE INSURANCE FUND

UNINSURED DIVISION
P.O. Box 6309
Baltimore, Maryland 21230

NOTICE OF CLAIM

Claimant: _____ DOB: _____

Address: _____ SSN#: _____

(Street)

(City)

(State)

Date/Time of accident: _____

Location of accident: _____

Description of the accident:

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

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

Please Check the box that applies to you:

Passenger of vehicle 1

Pedestrian

Passenger of vehicle 2

Household resident(s) (if none, state "none"):

Name	DOB	SSN#	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Property damage – description of property and the damage sustained. With this Notice, submit two (2) estimates and photos of damaged property.

Injuries (if any): _____

Witnesses

Comments: _____

Affidavit

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

(SIGNATURE)

(DATE)

Notice of Claims not conforming to Insurance Article §20-603 and applicable regulations (COMAR 14.07.04.04) may be returned to you for further documentation.