

FOR USE BY INSURANCE COMPANIES ONLY
REPORT OF AN UNINSURED
MOTORIST CLAIM

Purpose: Use this form to report to DMV an uninsured motorist claim involving an uninsured motor vehicle registered in Virginia.

Instruction: Print in ink or type. Mail the completed form to Insurance Verification Division at the above address. Keep a copy of this form for your records.

SECTION A: CRASH INFORMATION			
CRASH DATE (mm/dd/yyyy)	WAS THERE AN INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THERE A DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THERE DAMAGE TO VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO
CRASH LOCATION (city/county)	STATE	ROUTE NUMBER/STREET NAME	NEAR INTERSECTION

SECTION B: INSURANCE COMPANY AND INSURED MOTORIST INFORMATION			
INSURANCE COMPANY NAME			NAIC
ADDRESS	CITY	STATE	ZIP CODE
INSURANCE COMPANY CONTACT NAME		CONTACT PHONE NUMBER	
INSURED MOTORIST FULL LEGAL NAME			
INSURED MOTORIST STREET ADDRESS		CITY	STATE ZIP CODE
BIRTH DATE (mm/dd/yyyy)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DRIVER LICENSE NUMBER	STATE
VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR	LICENSE PLATE NUMBER STATE

SECTION C: UNINSURED MOTORIST AND CLAIM INFORMATION			
DRIVER/UNINSURED MOTORIST FULL LEGAL NAME			
UNINSURED MOTORIST STREET ADDRESS		CITY	STATE ZIP CODE
BIRTH DATE (mm/dd/yyyy)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DRIVER LICENSE NUMBER	STATE
VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR	LICENSE PLATE NUMBER STATE
INSURANCE COMPANY CLAIM NUMBER		DATE OF CLAIM	CLAIM STATUS <input type="checkbox"/> PENDING <input type="checkbox"/> COMPLETE

SECTION D: CERTIFICATION			
I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.			
NAME (print)	SIGNATURE	TITLE	DATE (mm/dd/yyyy)