

Uninsured Motorist Complaint Form

Alleged Uninsured Motorist's Information

↑ Vehicle Owner's Name- First		Middle	Last
Street Address	City	State	Zip Code
Vehicle Tag Number	Vehicle Year	Make	Vehicle Operator
Insurance Company		Policy Number	

Nature of Complaint

1. Accident	Date	Location
Amount of Damages to your Property _____	Personal Injuries Sustained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Police Report Number (Attach Copy)	Officer's Name	

2. Other (Specify date, location, and description of incident. Use other side if necessary)

Company contacted regarding alleged uninsured motorist's insurance information and results of contact. (Attach supporting correspondence from company contacted)

Explain results of contact with alleged uninsured motorist _____

Complainant Name (print)- First		Middle	Last
Street Address	City	State	Zip Code
Signature			

Client Name (print) - First		Middle	Last
Home Telephone Number	Work Telephone Number	Date	
Claim Number: _____		<input type="checkbox"/> Check here if notice of results is needed.	

The Motor Vehicle Administration cannot assist in collection for damages sustained in a motor vehicle accident. If the vehicle in question is uninsured, suspension action may be taken against the owner's driving and registration privileges in accordance with Maryland's compulsory insurance laws. Mail completed form and, if available, copies of police reports and letters you received from insurance companies disclaiming coverage to: Motor Vehicle Administration, Insurance Compliance Division, 6601 Ritchie Highway N.E., Glen Burnie 21062; telephone (410) 768-7291, fax (410) 787-2953.