

**Uninsured Motorist Complaint Form**

<b>Alleged Uninsured Motorist's Information</b>			
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	
<b>Nature of Complaint</b>			
<b>1. Accident</b>		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	
<b>2. Other</b> (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 _____			
<b>Complainant Name</b> (print)- First		Middle	Last
Street Address		City	State Zip Code
Signature			
<b>Client Name</b> (print) - First		Middle	Last
Home Telephone Number		Work Telephone Number	Date
Claim Number: _____		<input type="checkbox"/> Check here if notice of results is needed.	
<p>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.</p>			