

6. Description of injury and expense incurred Multiple bodily injuries, the full extent of which are not currently known. The total amount of expenses incurred are unknown at this time, but will be provided.

7. Is your injury covered by insurance? Yes No
Are you receiving Worker's Compensation? Yes No
(name of insurance company)

8. Description of Accident in Detail (Refer to Vehicles by Number 1, 2, or 3.) _____

9. Does injured person(s) or member(s) of household own an automobile? Yes No
Owner's Name _____
Name of Insurance Company _____
Policy No. _____ Injured Driver's License No. _____
Effective Date _____ Expiration Date _____ Injured's Registration No. _____

10. WITNESSES TO THE ACCIDENT (Important)
1. _____
(Full name, street address, city, state and zip code)
2. _____
(Full name, street address, city, state and zip code)

11. Reason for application
Uninsured Car Unidentified Car
Denial of Coverage or Uninsured Automobile Endorsement on your Policy
Disclaimer Qualified Person
(Photostat copy of disclaimer letter must be attached)
Stolen Car Underinsured Benefits

12. If more than 90 days have elapsed since accident occurred, advise the reason for the delay.

Sworn to before me this _____ day of _____
2005

Notary Public (sign here)

Signature of Person Making Claim

Give Date Report is Made

The person signing for claimant named on the reverse side is represented by:
LAW OFFICES OF JOSEPH J. PERRINI, III
2876 Merrick Road
Bellmore, New York 11710