

NOTICE OF CLAIM FORM

Fax: 410-974-2865

DATE: \_\_\_\_\_

Nancy K. Kopp, Treasurer  
c/o Insurance Division  
Louis L. Goldstein Treasury Building  
80 Calvert Street, Room 442  
Annapolis, Maryland 21401

RE: STATE OF MARYLAND

Dear Treasurer Kopp:

Please accept this letter as my written notice of claim. The facts are as follows:

1. My full name, address and phone number: (Home Number)  
  
(Work Number)  
  
(Cell Number)
2. Date & Time of Loss:
3. Specific Location of Loss(e.g. address; street name; direction of travel; mile marker or cross street):
4. County:

5. State Agency and/or State Official(s) involved:
  
6. Amount of Damages:
  
7. Vehicle(Year, Make & Model):
  
8. Name, Address, and Phone Number of other persons involved:
  
  
9. Description of incident:

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Claimant or Representative's Signature Date

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.