

New Hampshire Victims' Assistance Commission

Insurance And Other Collateral Source Information for Vehicle Crimes

Claim No: \_\_\_\_\_ Victim: \_\_\_\_\_ Claimant: \_\_\_\_\_

*The Commission is required by law to consider any other financial resource you have or expect to have before consideration of an award for any compensation. Because your claim involves a motor vehicle crime, you need to provide the Commission with the following information before you claim will be reviewed.*

**Please answer each question and provide copies (not originals) of each document requested.**

VICTIM/CLAIMANT INFORMATION

I. Did you have Auto Insurance on the date of the crime?.....Yes \_\_\_\_\_ No \_\_\_\_\_

**If Yes:** a. Name of Company \_\_\_\_\_

b. Policy Number \_\_\_\_\_

c. Please send copy of complete policy for our records.....

d. Have you received any proceeds from your auto insurance carrier? Yes \_\_\_\_\_ No \_\_\_\_\_

e. Please forward an name and itemized amounts in which bills were paid for by your auto insurance carrier and the amounts, monies received, etc.

f. Do you have a pending Civil Suit with the insurance carrier? Yes \_\_\_\_\_ No \_\_\_\_\_

OFFENDER INFORMATION

II. Did the offender have Auto Insurance on the date of the crime? Yes \_\_\_\_\_ No \_\_\_\_\_

**If Yes:** a. Name of Company \_\_\_\_\_

b. Policy Number \_\_\_\_\_

c. Other than for repairs to your vehicle, have you received any proceeds from the offender's auto insurance carrier? Yes \_\_\_\_\_ No \_\_\_\_\_

d. Do you have a pending Civil Suit with the offender's auto insurance carrier? Yes \_\_\_\_\_ No \_\_\_\_\_

e. Do you have a pending Civil Suit with the offender? .....Yes \_\_\_\_\_ No \_\_\_\_\_

f. Have you retained an attorney for the purpose of obtaining a civil judgment against the offender?  
Yes \_\_\_\_\_ No \_\_\_\_\_

g If yes, have you informed your attorney you have filed for Victims' Assistance with us? Yes \_\_\_\_\_ No \_\_\_\_\_

h. Have you received any Restitution or Civil Suit Judgments as a result of this crime? Yes \_\_\_\_\_ No \_\_\_\_\_

*If you have answered YES to any of the above, please provide copies of policies, the name and mailing address of the person, company, agency and/or organization that paid or will be paying some or all of any expense and describe which expenses are covered and for how much. You may use the back of this form to provide this information. Call 1-800-300-4500 (in NH only) or 603-271-1284 if you have any questions about this form or what you need to provide.*

*I declare, under penalty of perjury, that I have read all the questions on this form and to the best of my knowledge and belief; all of my answers are true, correct, and complete.*

Date \_\_\_\_\_ Claimant's Signature \_\_\_\_\_