



Robert L. Quinn
Commissioner of Safety

State of New Hampshire

**DEPARTMENT OF SAFETY
DIVISION OF MOTOR VEHICLES**
STEPHEN E. MERRILL BUILDING
23 HAZEN DRIVE, CONCORD, NH 03305
Telephone: (603) 227-4000 TDD Access Relay NH 7-1-1



John C. Marasco
Director of Motor Vehicles

Accident Insurance Verification Form

For each vehicle involved in a reportable motor vehicle accident, it is necessary to provide complete insurance information or to indicate the driver/vehicle owner does not have insurance coverage.

How to provide your insurance information for a vehicle involved in a reportable Motor Vehicle accident:

- Submit insurance information online at: <https://forms.nh.gov/OnlineServices/Oivs> or,
- Complete the form below and mail to: NH DMV- FR Bureau 23 Hazen Drive, Concord NH 03305

<u>Accident Information</u>		
Date of Accident:	City/Town Locations:	Accident Report Number:
<u>Driver Information</u>		
Driver License Number:	License State:	
First Name:	Last Name:	Date of Birth:
Mailing Street Address:		
State:	City:	Zip:
Email Address:		
<u>Insurance Information</u>		
Name of Insurance Company:	Policy Number:	
<u>Vehicle Information</u>		
Registered Owners Name:		
Mailing Street Address:		
State:	City:	Zip:
Vehicle Plate Number:	Registration State:	
Vehicle Model:	Vehicle Make:	VIN:

I certify the following under penalty of unsworn falsification pursuant to RSA 641:3: that all information entered herein is true and accurate to the best of my knowledge and belief.

Driver or Vehicle Owner Signature:

Date: