



ALABAMA LAW ENFORCEMENT AGENCY DRIVER LICENSE DIVISION

201 SOUTH UNION STREET, SUITE 300 / P.O. BOX 304115 / MONTGOMERY, AL 36130-4115
PHONE 334.517.2800 / ALEA.GOV

ACCIDENT CLAIM FORM

MAIL TO:
Alabama Law Enforcement Agency
Safety Responsibility Unit
P.O. Box 1471
Montgomery, AL 36102-1471

Information and Instructions: Completion of this form is required ONLY if a motor vehicle accident occurring in Alabama, caused death, personal injury, or property damage to any one owner in excess of \$500 by an uninsured motorist. You can only file this form if you have not been compensated for your injuries or losses.

ALEA Accident Case No. _____ Date of Accident _____

AT FAULT DRIVER INFORMATION

Driver's Name: _____

Driver's License State: _____ Driver's License No. _____

PERSON AND / OR COMPANY MAKING CLAIM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No. _____ Email Address: _____

PROPERTY DAMAGE CLAIM (OWNER ONLY)

I, _____, certify that damages to my vehicle and / or property amounted to \$_____, as a result of this motor vehicle accident. I believe myself entitled to recovery of the above amount from _____ driver and from _____, owner of the other motor vehicle involved in this accident, and I have not released said party(ies).

Signature of Owner: _____ Date: _____
(Must have title of person signing for company)

INJURY CLAIM (DRIVER AND / OR PASSENGER)

I, _____, certify that as a result of this motor vehicle accident, my medical expenses are \$_____. I believe myself entitled to recovery of the above amount from _____, driver and from _____, owner of the other motor vehicle involved in this accident, and I have not released said party(ies).

Signature of Injured Party: _____ Date: _____
(If Minor, signature of legal guardian)