

**Delaware Uninsured Vehicle Report**more forms online at dmv.de.gov

**Delaware Division of Motor Vehicles
C/O Uninsured Motorist Section
P.O. Box 698
Dover, Delaware 19903**

Date Mailed:

Date of Accident:

Please return this completed form by mail, email: DEUM@delaware.gov, or fax to (302) 739-4750.

Per 21 *Del.C.* §2118 (n)(3) and 18 *Del. Admin. C.* §606 (11.0) requires each insurer to report to the Division of Motor Vehicles the name of any person or persons involved in an accident or filing a claim who is alleged to have been operating a Delaware registered motor vehicle without the insurance required under Delaware Law. The insurer shall provide the name, address, and description of the vehicle alleged to be uninsured.

Insurance Company Name:**Insurance Company phone number:****Insurance Company Address:****Uninsured Name(s):****Uninsured Address:****Vehicle Year/Make:****Vehicle Identification Number:****Delaware license plate number:**

For any questions, please contact the Uninsured Motorist Section at (302) 744-2513.