

# KENTUCKY NO FAULT

IMPORTANT: A. TO ENABLE US TO DETERMINE IF YOU ARE ENTITLED TO BENEFITS UNDER THE POLICYHOLDER'S INSURANCE CONTRACT, YOU MUST COMPLETE AND SIGN THIS FORM  
 B. YOU MUST ALSO SIGN THE ATTACHED AUTHORIZATION (S).  
 C. RETURN PROMPTLY WITH ANY MEDICAL BILLS YOU HAVE RECEIVED TO DATE.

|            |                  |                  |               |
|------------|------------------|------------------|---------------|
| DATE       | OUR POLICYHOLDER | DATE OF ACCIDENT | FILE NUMBER   |
| 09/26/2016 |                  | 09/10/2016       | 235-53-365870 |

TO: \_\_\_\_\_  
 CLAIM DEPARTMENT

ACME INSURANCE COMPANY  
 CARRIER NAME

|              |                   |                       |
|--------------|-------------------|-----------------------|
| 1. YOUR NAME | HOME PHONE NUMBER | BUSINESS PHONE NUMBER |
|--------------|-------------------|-----------------------|

|   |               |                     |
|---|---------------|---------------------|
| 2. YOUR ADDRESS (NO., STREET, CITY OR TOWN, STATE & ZIP CODE) | DATE OF BIRTH | SOCIAL SECURITY NO. |
|---|---------------|---------------------|

|                              |  |
|------------------------------|--|
| 3. DATE AND TIME OF ACCIDENT | PLACE OF ACCIDENT (STREET, CITY OR TOWN AND STATE) |
| 09/10/2016<br>A.M.<br>P.M.   |  |

4. BRIEF DESCRIPTION OF ACCIDENT

|   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| 5. DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD OWN A MOTOR VEHICLE?  | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| IF "YES," NAME OF INSURANCE COMPANY _____ POLICY NUMBER _____   |     |                          |    |                          |
| WERE YOU THE DRIVER OF THE MOTOR VEHICLE?   | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| WERE YOU A PASSENGER IN THE MOTOR VEHICLE?  | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| WERE YOU A PEDESTRIAN?  | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| WERE YOU A MEMBER OF THE MOTOR VEHICLE OWNER'S HOUSEHOLD?   | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| HAVE YOU REJECTED THE LIMITATIONS ON YOUR RIGHT TO SUE AS PROVIDED BY KENTUCKY NO-FAULT ACT (KRS 304.39)? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |