



↓ PRINT YOUR NAME AND RETURN ADDRESS BELOW ↓

\* THERE IS A \$10.00 SEARCH FEE REQUIRED BY LAW \*

**PAYMENT METHOD ● DO NOT SEND CASH ●**

☐ DMV Dial-in account number \_\_\_\_\_

☐ Check      ☐ Money Order      ☐ Exempt

**Payable to the "Commissioner of Motor Vehicles"**

Daytime Phone Number (*required*):

\_\_\_\_\_

If you have been in an accident with a vehicle that is registered in New York State and you need the name of the company that insured the vehicle, please provide the information in all of the fields marked "REQUIRED" on this form. Send the completed form with a \$10.00 search fee to the address listed at the top of this form. You must include a copy of the motorist or police report of the accident.

**ENTER THE INFORMATION NEEDED TO COMPLETE THE INSURANCE SEARCH (\* REQUIRED)**

*Date of Accident (Month/Day/Year) / /	*Year and Make of Vehicle	*Plate Number
*Registrant's Last Name First M.I.	Date of Birth (Month/Day/Year) / /	

- ✓ If our records show that the vehicle was properly insured on the date of the accident, we will send you the name of the insurance company. You must then contact the insurance company to resolve your claim. If the insurance company tells you the vehicle was not insured on the date of the accident, you must get a letter from the insurance company denying coverage. DMV will review the information and take appropriate action.
- ✓ If our records show that the vehicle did not have insurance coverage on the date of the accident, we will notify you. Your request and accident report will be forwarded directly to the Insurance Services Bureau.

**DMV USE ONLY**

↓ YOUR REPLY FROM THE DEPARTMENT OF MOTOR VEHICLES IS AS FOLLOWS ↓

**DMV USE ONLY**

☐ On the date of accident requested, DMV's records show insurance coverage was in effect with:

Insurance Company: \_\_\_\_\_

Policy Number : \_\_\_\_\_  
(if available)

☐ **UPDATED** Insurance Information (this updates previous insurance information):

**IF THE INSURANCE COMPANY DENIES COVERAGE FOR THIS ACCIDENT, SEND A COPY OF THE COMPANY'S DENIAL LETTER AND A COPY OF THE ACCIDENT REPORT TO: Insurance Services Bureau, 6 Empire State Plaza, Albany, NY 12228.**

DMV USE ONLY

↓ YOUR REPLY FROM THE DEPARTMENT OF MOTOR VEHICLES IS AS FOLLOWS ↓

DMV USE ONLY

- A. ☐ We are unable to determine if insurance was in effect on the date of accident. Your request and accident report have been forwarded to the Insurance Services Bureau for further review. You will be notified within 90 days.
- B. ☐ Your \$10.00 fee is being returned because it was accompanied with a denial letter. There is no fee due when the company is denying the claim for "no insurance". Your request has been forwarded to the Insurance Services Bureau for further review. You will be notified within 90 days.
- C. Insurance information is not available for the reason checked below:
- ☐ The vehicle is registered out of state. You must contact that state for insurance information.
- ☐ The insurance information is beyond the retention period as required by law and has been purged.
- ☐ The vehicle is exempt from NYS compulsory filing requirements because the vehicle is registered to a Government Agency (*insurance code 994*). You must contact the registrant to resolve this matter.
- ☐ There is no record of the plate number you provided.
- D. Your search for insurance information has been completed. We are returning it to you for the reason checked below. Please return this FS-25 form and the accident report to:
- Insurance Services Bureau  
6 Empire State Plaza  
Albany, NY 12228**
- ☐ We are unable to determine if insurance was in effect on the date of accident. In order for DMV to issue a revocation against the registrant and/or the driver, we need a copy of the police accident report (form MV-104A or MV-104AN). If one is not available, please complete an MV-104 form (available at **dmv.ny.gov**).
- ☐ Insurance coverage was not in effect on the date of accident. In order for DMV to issue a revocation against the registrant and/or the driver, we need a copy of the police accident report (form MV-104A or MV-104AN). If one is not available, please complete an MV-104 form (available at **dmv.ny.gov**).
- ☐ The accident involved a hit-and-run vehicle. In order to process your request, we must receive a police report (MV-104A or MV-104AN) which specifies the vehicle year, make, and name of registrant.
- E. We are unable to process your search request for insurance information and are returning it to you for the reason(s) checked. Please resubmit fee and completed FS-25 to:
- Certified Document Center  
6 Empire State Plaza  
Albany, NY 12228**
- ☐ The required \$10.00 search fee was not included.
- ☐ There is not enough information to process your request. Please complete the highlighted boxes on the front of this form.
- F. ☐ Other:

**RESET/CLEAR**

DMV USE ONLY

Processed by: \_\_\_\_\_

Date: \_\_\_\_\_