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**Request for Automobile Arbitration**

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| --- | --- | --- | --- |
| Name |       | Arbitration Case #(Office Use Only) |       |
| Address |       |
| Home Phone # |       | Work Phone # |       |
| Name of Insurance Company against which you are making a claim |       NAIC#       |
| Insurance Company Address |       |
| Name of the Policyholder |       |
| Policyholder Address |       |
| Were you: | [ ]  | Driver of the Car Involved | [ ]  | Owner of the Car Involved | [ ]  | Pedestrian | [ ]  | Passenger |
| If you were not the owner of the car in which you were riding or driving, who was the owner? |       |
| Their Address |       |
| Their Phone # |       |
| Claim #  |       | Policy # |       |
| Name of Adjuster |       |
| Date of Accident |       | Place of Accident |       |
| Describe how the loss occurred with a brief statement of your complaint. If needed, attach separate sheet. |
|       |
|       |
| **The complaint for which you are asking the panel to rule on involves:** |
| [ ] Physical Damage [ ] Loss of Use [ ] Personal Injury Protection (PIP) [ ] Medical Bills, Lost Wages, Substitute Services/Death Benefits |
| **\*Amount of Damage you are asking for: *(must indicate amount)*** |
| Amount of physical damage? | $      | Amount of Loss of Use | $      |
| Amount of Medicals/Lost Wages | $      | Amount of Substitute Service | $      |
| Amount of Death Benefits | $      | Percentage of Negligent Damages Accessed(If applicable) |        % |
|  |
| ***IMPORTANT* \* The petition will not be accepted without the filing fee included. It is necessary that you submit 4 copies of all documentation to support your claim prior to the hearing. You are required to submit one copy to the opposing party prior to the hearing.** |
|  If settlement has been offered, how much was it?  *(You must indicate)* | $      |  |
| Who will represent you at the hearing? | [ ]  Self [ ]  Attorney |       |
|  | Address |       |
|  | Phone # |       |

WITNESS: Controverting parties may present witnesses on their behalf provided due notice is given. If you wish to present witnesses; list name, address and telephone number on a separate sheet; submit (4) copies (one used for interoffice and three used for the Panel members) and attach to this form. Witnesses not listed will not be admitted.

**Under Delaware Law, any person who knowingly, and with intent to injure, defraud, or deceive any insurer who files a statement or claim containing any false, incomplete or misleading information is guilty of a felony.**

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 Your Signature Date

Return four (4) copies to: Insurance Commissioner, Delaware Insurance Department

 841 Silver Lake Blvd.

 Dover, DE 19904

Note: You must forward a copy of all documentation to be used at the hearing to the opposing party

**at least 5 business days prior to hearing date (Regulation 901, Section 10.4).**