

VEHICLE INSURANCE VERIFICATION REPLY FORM

VCB-31-09083 (Rev. 11/2023)



CaIVCB Application No.: _____

Instructions: When an incident involves a vehicle-related crime, the person requesting financial assistance from CaIVCB must file a claim with the appropriate vehicle insurance carrier(s). Before we can consider payment on this claim, we will need to confirm whether insurance benefits were received or will be received from any source. Please provide as much of the following information as possible.

Victim Information

Has a claim been filed with the victim’s insurance company? Yes. No. N/A – Victim was uninsured.

Has a claim been filed with the insurance company of the driver of the vehicle in which the victim was a passenger? Yes. No. N/A – Driver was uninsured.

If the victim or driver was not the registered owner of the vehicle, was a claim filed against the registered owner’s vehicle insurance? Yes. No. N/A – Vehicle was uninsured.

IF YES to any questions, provide the following:

- Copies of the insurance policy declaration page(s).
- Copies of award, denial or settlement documents from the vehicle insurance carrier(s).
- Copies of insurance card(s).

Suspect Information

Has a claim been filed against the offender’s insurance? Yes. No. N/A – Offender is unknown.

If the offender was not the registered owner of the vehicle, was a claim filed against the registered owner’s vehicle insurance? Yes. No. N/A – Vehicle was uninsured.

Insurance Information

Name of Insured: _____

Check one of the following: Victim. Offender. Registered owner.

CALIFORNIA VICTIM COMPENSATION BOARD
P.O. Box 3036 • Sacramento, CA 95812 • Phone: 800-777-9229 • www.victims.ca.gov



Name of Insurance Company: _____

Address of Insurance Company: _____

Phone Number: _____ Policy Number: _____

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Name of Insured: _____

Check one of the following: Victim. Offender. Registered owner.

Name of Insurance Company: _____

Address of Insurance Company: _____

Phone Number: _____ Policy Number: _____

Attach any additional insurance information on a separate sheet of paper.

Signature

I declare under penalty of perjury under the laws of the State of California that I have read all of the questions, and to the best of my knowledge, all of my answers are true, correct and complete.

Claimant/Applicant's Signature: _____ Date: _____

Printed Name: _____ Phone Number: _____

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NO INSURANCE: If no vehicle insurance coverage was available, and/or you were unable to locate insurance for the others involved as identified above, please sign and date, under penalty of perjury, that auto insurance has been pursued and no reimbursement or recovery is available.

Claimant/Applicant's Signature: _____ Date: _____

Mail or fax this reply form to:
CalVCB, P.O. Box 3036 Sacramento, CA 95812-2003
Fax: 866-902-8669

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