INSTALLMENT AGREEMENT TO PAY ACCIDENT DAMAGES

MV3128 12/2010 s.344.14(2)(h), 344.18(1)(c) Wis Stats.

Clear Form

Wisconsin Department of Transportation
Uninsured Motorist Unit
PO Box 7983
Madison, WI 53707-7983

Telephone: 608-266-1249
Facsimile (FAX): 608-267-0606
E-mail: dotuninsuredmotorist@dot.wi.gov

Accident Date	Accident File Number
Uninsured Name and Address	Name and Address of Party Receiving Payments - Recipient

Damaged Property Owner Name	Damaged Property Amount (a) $
Injured Person(s) Included in Settlement	Injuries Amount (b) $

PAYMENT DATES		INSTALLMENTS		Total Settlement Amount (MUST = a + b from above)
First	Last	Number of Payments	Monthly Amount	$

I/We, the uninsured, agree to pay the above-identified recipient for the property damages/injuries listed above on the following terms:

I/We will make monthly payments to the recipient according to the indicated installments beginning on the date specified, and on the same date each month thereafter until the total settlement is paid.

A release of liability will be signed by all parties and delivered to the uninsured when the total settlement is paid.

Upon written notice to the Wisconsin Department of Transportation, Uninsured Motorist Unit that the uninsured is in default on the agreed payments, the uninsured's operating/registration privileges will be withdrawn as required under the Safety Responsibility Law. Written notice of the delinquent amount may be submitted during the installment period and must be received no later than 30 days after the final installment is due.

State of _____)
) ss
_____, County)

Subscribed and sworn to before me this date _____

(Signature, Notary Public) (Uninsured Signature)

(Print or Type Name, Notary Public)

(Date Commission Expires) (Uninsured Signature)

I/We agree to the above settlement and will furnish a valid release upon completion of payments.

(Witness Signature) (Property Owner/Injured Signature) (Date)

(Witness Signature) (Property Owner/Injured Signature) (Date)

If an insurance company representative signs this agreement, that representative's signature certifies that their insured has been compensated for the insured's damages/injuries.

(Insurance Company Representative Signature - If Applicable) (Date)

(Title)

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