# Vehicular Claim Addendum Form

Was the victim hit by a vehicle or watercraft in a DUI, Hit and Run, Homicide by Vehicle, or as part of any Title 18 crime?

NO → STOP – The victim is not eligible for motor vehicle related crime benefits

YES → Was the victim covered under auto insurance?

YES → Please complete the following:

Victim's Name:_____

Auto Insurance Company:_____

Insurance Agent's Name:_____

Telephone Number:_____

Policy #:_____

VCAP will pursue victim's auto payments and insurance settlements

NO → A $5,000 contribution towards medical expenses will be assessed only if victim was required to have auto insurance

Does the victim have health insurance?

YES → Submit medical bills to victim's health insurance

NO → Was the offender covered by auto insurance?

YES → VCAP will pursue offender's insurance (breakdown of payments and settlements)

pennsylvania
VICTIMS COMPENSATION ASSISTANCE PROGRAM
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