

Mail FR-10 to: Office of Financial Responsibility
 SC Department of Public Safety
 PO Box 1498, Columbia, SC 29216

SOUTH CAROLINA DEPARTMENT OF PUBLIC SAFETY
FR-10 (REV. 01/01)
NOTICE OF REQUIREMENT



Date	Time	County	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County	Collision Location (Rt. # / Name)	0-Main line 2-Alternate 5-Spur	6-Connection 7-Business	Miles:	Dir. : N E S W	In / Near City or Town of:
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To Vehicle Owner/Operator: Failure to comply could result in appropriate action under 56-10-270 and 56-10-20 of the 1976 code of laws of S.C. as amended, if vehicle subject to registration in S.C., and upon conviction thereof the Department must suspend your driving and/or registration privileges until all compliances have been met under the above sections of law.

N-267436		Driver/Pedestrian's Full Name				N-267437		Driver/Pedestrian's Full Name			
Unit #	Sex	Race	Street/R.F.D.			Unit #	Sex	Race	Street/R.F.D.		
Birth Date		City, State, & Zip				Birth Date		City, State, & Zip			
State	Driver's License #		Insurance Company			State	Driver's License #		Insurance Company		
Year	Body	Vehicle Make	VIN #		Year	Body	Vehicle Make	VIN #			
State	Year	License Plate #	Owner's D.L. #		State	Year	License Plate #	Owner's D.L. #			
Home Telephone ()		Owner's Full Name				Home Telephone ()		Owner's Full Name			
Bus. Telephone ()		Street/R.F.D.				Bus. Telephone ()		Street/R.F.D.			
Contributed To Collision Yes No		City, State, & Zip				Contributed To Collision Yes No		City, State, & Zip			

N-267438		Driver/Pedestrian's Full Name				State	Year	License Plate #	Owner's D.L. #		
Unit #	Sex	Race	Street/R.F.D.			Home Telephone ()		Owner's Full Name			
Birth Date		City, State, & Zip				Bus. Telephone ()		Street/R.F.D.			
State	Driver's License #		Insurance Company			Contributed To Collision Yes No		City, State, & Zip			
Year	Body	Vehicle Make	VIN #		Accident Insurance Information for Unit #						
All Units Insurance Information (to be completed by Investigating Officer)						Company Name			Area Code/Phone Number ()		
						Agency Name			Policy Number		
Accident Insurance Information for Unit #						Accident Insurance Information for Unit #					
Company Name			Area Code/Phone Number ()			Company Name			Area Code/Phone Number ()		
Agency Name			Policy Number			Agency Name			Policy Number		

Insurance Information

Notice of Requirement Accepted Signature _____ Y N Refused to Affix Signature?
 Y N Vehicle Subject to Registration in SC?

To Be Completed By Insurance Agency, Broker, Or Other Company Representative

The information as contained herein is based solely upon my knowledge and belief as a representative of the above insurance company and no warrant of liability is imputed into the above mentioned insurance as I have listed herein.

Reference to Unit #: _____, I hereby affirm that to the best of my knowledge the vehicle described above was insured by the below stated insurance company on the date of the collision.

Insurance Company _____ Policy #: _____ Signature _____ Title _____

Beginning Date: _____ Ending Date: _____ Policy Holder: _____ NAIC# (Assigned by S.C. Dept. of Ins.) _____ Bus. Telephone () _____

Notice: Failure to have this form completed by your insurance broker, agent, or representative and returned to the South Carolina Department of Public Safety within 15 days may result in suspension of your driving and/or registration privileges.

If any of the below are applicable, disregard the above portion.				Form FR-10 Not Issued: Section 56-10-27 56-10-52	
<input type="checkbox"/>	Check here if a Form SR-23, Fleet Policy of 25 or more vehicles is on file with the Department covering the vehicle.			No FR-10 issued to Operator/ Owner of Unit #: _____	
<input type="checkbox"/>	Check here if a certificate of self-insurance has been issued by the Department covering the vehicle and indicate the certificate number: SI - _____			Summons issued to: _____	
<input type="checkbox"/>	Check here if liability insurance was not in effect to comply with South Carolina statutory requirements.			For operating or allowing the operation of an uninsured vehicle	
Signature _____			Date _____		Summons Number: _____
Signature _____			Date _____		Signature _____