



Nancy K. Kopp
State Treasurer
Bernadette T. Benik
Chief Deputy Treasurer

Fax: 410-974-2865

NOTICE OF CLAIM FORM

DATE: May 28, 2016



Nancy K. Kopp, Treasurer
c/o Insurance Division
Louis L. Goldstein Treasury Building
80 Calvert Street, Room 442
Annapolis, Maryland 21401

RE: STATE OF MARYLAND

Dear Treasurer Kopp:

Please accept this letter as my written notice of claim. The facts are as follows:

1. My full name, address and phone number: (Home#) 301-404-6741
Mansur Akil Jelani; Valentine Dey (Work#)
(SEE ATTACHED)
2. Date & Time of Loss: Friday, May 6, 2016 at approximately 3:47 pm.
3. Location of Loss: 4203 Branch Avenue
Temple Hills, Maryland
4. County: Prince Georges



5. State Agency involved: (SEE ATTACHED)
6. Amount of Damages: (SEE ATTACHED)
7. Vehicle(Year, Make & Model): 1992 Dodge Dakota
2 Door LE
8. Name, Address, and Phone Number of other persons involved:
(SEE ATTACHED)
9. Description of incident:
(SEE ATTACHED)


Claimant or Representative's Signature

May 28, 2016
Date

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.



