Mail FR-10 to: SC Department of Motor Vehicles
Office of Financial Responsibility (803) 896-5000
PO Box 1498, Blythewood, SC 29016-0050

SOUTH CAROLINA DEPARTMENT OF MOTOR VEHICLES FR-10 (REV. 02/2019)
NOTICE OF REQUIREMENT

Submit Electronically: Agents or Company
Representatives can submit your Insurance
Information at WWW.SC-ALIR.COM

Date	Time	County	1 - Interstate 4 - Secondary 2 - US Primary 5 - County 3 - SC Primary ⑥ PP	Collision Location (Rt. # / Name)	0 - Main Line 6 - Connection 2 - Alternate 7 - Business 5 - Spur	Miles:	Dir. N E S W	In	Near City or Town of:

To Vehicle Owner/ Operator

Failure to return this form to the Department of Motor Vehicles within 15 days from the date of the collision could result in the suspension of your driver license and registration privileges pursuant to South Carolina Code of Laws 56-9-351 and 56-10-530.

	Driver/Pedestrian's Full Name UNKOWN				Driver/Pedestrian's Full Name

Unit # 01	Sex	Race	Street		Unit #	Sex	Race	Street
#Occ 1	Birth Date		City, State, & Zip		#Occ	Birth Date		City, State, & Zip

State	Driver's License # NONE		Insurance Company: AAA		State	Driver's License #		Insurance Company:
Year	Body	Vehicle Make	VIN #		Year	Body	Vehicle Make	VIN #
State SC	Year	License Plate # NONE	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			Bus. Telephone		Street	
Contributed To Collision (Yes) No		City, State, & Zip			Contributed To Collision Yes No		City, State, & Zip	

	Driver/Pedestrian's Full Name		State	Year	License Plate #	Owner's D.L. #

Unit #	Sex	Race	Street		Home Telephone		Owner's Full Name
#Occ	Birth Date		City, State, & Zip		Bus. Telephone		Street
State	Driver's License #		Insurance Company:		Contributed To Collision Yes No		City, State, & Zip
Year	Body	Vehicle Make	VIN #		Accident Insurance Information for Unit #		

			Company Name		Area Code/Phone Number ( )

All Units Insurance Information
(to be completed by Investigating Officer)

	Agency Name		Policy Number

Accident Insurance Information for Unit # 01				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

Automobile Liability Insurance Information

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

To Be Completed Below or Entered at WWW.SC-ALIR.COM By Insurance Company representative. This form should not be mailed to DMV if insurance information has been submitted electronically 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.	The information as contained herein is based solely upon my knowledge and belief as a representative of the above insurance company and no warranty of liability is imputed into the above mentioned insurance as I have listed herein

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

Notice: If liability insurance was not in effect for your vehicle involved in the collision, the Department of Motor Vehicles could suspend your driver license and registration privileges pursuant to South Carolina Code of Laws 56-9-351 and 56-10-530.

If any of the below are applicable, Disregard the above portion.	Form FR-10 Not Issued: Section 56-10-520

	Check here if a Form SR-23, Fleet policy of 25 or more vehicles is on file with the Department of Motor Vehicles covering the vehicle	No FR-10 Issued to Operator/ Owner of Unit #: _____
	Check here if a certificate of self-insurance has been issued by the Department of Motor Vehicles covering the vehicle and indicate the certificate number: SI - _____	Summons Issued to:
	Check here if liability insurance was not in effect to comply with South Carolina statutory requirements	

	Signature	Date	For operating or allowing the operation of an uninsured vehicle	Summons Number: Signature

Investigating Officer's Name	Rank	SCCJA #	Code	Date	Reviewer's Name	Rank	Internal Agency Code