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| **INSTALLMENT AGREEMENT TO PAY ACCIDENT DAMAGES**  MV3128 11/2017 s. 344.14(2)(h), 344.18(1)(c) Wis. Stats. | Wisconsin Department of Transportation  Uninsured Motorist Unit  P.O. Box 7983  Madison, WI 53707-7983  Telephone: 608-266-1249  Facsimile (FAX): 608-267-0606  E-mail: dotuninsuredmotorist@dot.wi.gov |

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| --- | --- | --- | --- | --- |
| Accident Date | | | Accident File Number | |
| Uninsured Name and Address | | | Name and Address of Party Receiving Payments - Recipient | |
| Damaged Property Owner Name | | | | Damaged Property Amount  $ |
| Injured Person(s) Included in Settlement | | | | Injuries Amount  $ |
| PAYMENT DATES | | INSTALLMENTS | | Total Settlement Amount |
| 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Unit that the uninsured is in default on the agreed payments, the uninsured's operating/registration privileges will be withdrawn as required under the Safety Responsibility Law.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.

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| --- | --- | --- | --- |
| 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. | | | |

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|  |  |  |  |
| (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) | |