



South Carolina Department of Motor Vehicles Response to Financial Responsibility Accident

FR-5A
(Rev. 11/19)

Note: If Notice of Financial Responsibility Accident (Form FR5) is not included with this response, please include all information in this section as listed on the FR5 form.

FR5 Reference No: _____
Date of Accident: _____
Date of Suspension: _____
Customer No: _____
Driver License No: _____

Customer Name: _____
Year/Make: _____ VIN _____ Tag No. _____

INSURANCE (to be completed by insurance company or agent)

Your agent or insurance company can electronically submit your insurance information to the DMV through this website: www.sc-alir.com or your agent or insurance company may complete the section below and submit it to the DMV. The effective dates must cover the date of the accident for the vehicle that was involved in the accident.

Name of Company: _____
NAIC Code: _____ Policy Number _____
Vehicle Coverage Effective - FROM: _____ TO: _____
Signature of Authorized Rep: _____
Date Signed: _____ Telephone: _____

ALTERNATIVE CLEARANCE OPTION 1 - RELEASE OF LIABILITY

You may submit a release of liability from all persons who received property damage and/or bodily injury by completing Release of Financial Responsibility (Form FR-202). If you are a minor, have the Release on Behalf of a Minor (Form FR-202A) completed. These forms can be downloaded from our website www.scdmvonline.com

ALTERNATIVE CLEARANCE OPTION 2 - FILE AN INSTALLMENT AGREEMENT

You may file a Financial Responsibility Installment Agreement (Form FR-230) that sets forth all claims for property damage and/or bodily injury, stating the amount of settlement, dates of payments and signatures of all parties making agreement. This form can be downloaded from our website located at www.scdmvonline.com

ALTERNATIVE CLEARANCE OPTION 3 - POST A SECURITY DEPOSIT

You may post a security deposit with the Department in the amount on the other side of this notice which must be paid by cash, cashier's check or money order and made payable to the SCDMV.

I certify that the information listed above is true to the best of my knowledge. I can be subject to criminal penalties if I deliberately provide false information.

Owner Signature

SC Driver License No

SC Department of Motor Vehicles
Financial Responsibility Office/ATTN FR5
PO Box 1498
Blythewood, SC 29016-0040
(803) 896-5000