

SWORN STATEMENT IN PROOF OF LOSS
AUTOMOBILE

TO: _____
Regarding: Policy number: _____
Policy period: _____

By the above mentioned policy of insurance, your insured _____
_____, (hereinafter called the insured) against loss
or damage to the automobile described as follows:

Model Year: _____
Make: _____
Type of body: _____
VIN: _____
State/License number: _____

A loss caused by collision occurred on _____, about the
hour of _____ m, as follows:

The insured was the sole owner of the automobile at the time of
the loss or damage and no other person had any interest therein,
by lease, bailment, mortgage, lien or other encumbrance or
otherwise except:

At the time of this loss, there was no other insurance on said
automobile covering the same periods except:

At the time of this loss, the automobile was used for:

and was not being used to carry passengers or for compensation or
rental or leased, or for any illegal or non-covered loss except:

The said loss or damage did not originate by any act, design or
procurement on my (our) part nor on the part of anyone having an
interest in the party insured, or in the said policy of
insurance; not in result or consequence of any fraud done or
suffered by me/us and that no property saved has been concealed.

It is expressly understood that the furnishing of this blank or
the preparation of this proof by a representative of the above
insurance company, _____, is not a waiver of
any of its rights.

State of _____

County of _____

Sworn to and subscribed before me on _____

_____.

Notary Public