

SWORN STATEMENT IN PROOF OF LOSS (AUTOMOBILE)

POLICY NUMBER _____
 _____ to _____
 POLICY PERIOD _____

CLAIM NUMBER _____

 INSURANCE COMPANY NAME _____

By the above numbered policy of insurance, you insured _____
 (hereafter called the Insured) against damage or loss of to the automobile described as follows:

Model Yr	Make	Body	Vehicle Identification Number	MotorID	License Plate

Origin: A loss caused by _____ occurred on the ____ day of _____, 20____, about the hour of ____M., the full particulars of which are as follows: _____

Title & Interest: The insured was the sole owner of said automobile at the time of the damage or loss and no other person had any interest therein, by bailment lease, conditional sale, mortgage or other encumbrance or otherwise, except: _____

Other Insurance: At the time of this loss, there was no other insurance on said automobile covering the same perils except: _____

Use: At the time of this damage or loss, the said automobile was being used for _____ and was not being used to carry passengers for lease or rental or compensation for any illegal purpose except: _____

Subrogation: The Insured hereby covenants that no release has been or will be given to or settlement or compromise made with any third party who may be liable in damages to the Insured and the Insured in consideration of the payment made under this policy hereby subrogates the said Company to all rights and causes of action the said Insured has against any person, persons, or corporations whomsoever for damage arising out of or incident to said damage or loss to said property and authorizes said Company to sue in the name of the Insured but at the cost of the Company any such third party, pledging full cooperation in such action.

Actual Cash Value	Whole Loss	Amount of Deductible	Amount Claimed Under This Policy
\$ _____	\$ _____	\$ _____	\$ _____

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

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

The above Insurance Company is hereby requested, authorized and empowered to pay, at its option, as follows:

To _____ the sum of \$ _____
 To _____ the sum of \$ _____
 To _____ the sum of \$ _____
 Total Insured Damage and Loss..... \$ _____

WITNESSES:

SIGNATURE(S):

 Witness

 Signature

 Date

 Signature

NOTARY: State of _____; County of _____; SS

On this _____ day of _____, 20____, before me appeared _____

_____ who is known to be the person(s) named herein and who voluntarily executed this release.

 Notary Signature

 Date Commission Expires