

AFFIDAVIT OF FACTS FOR ACCIDENTS WITHOUT A POLICE REPORT

(All questions must be answered)

INSURED/POLICY HOLDER NAME LAST: _____ FIRST: _____ MI: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LIENHOLDER: _____

YOUR VEHICLE: YEAR _____ MAKE _____ MODEL _____

COLOR _____ VIN# _____

LICENSE PLATE # _____ STATE _____ PLATE YEAR _____

HAS VEHICLE BEEN DAMAGED IN THE PAST 3 YEARS? YES _____ NO _____

DESCRIBE DAMAGES _____ WAS VEHICLE REPAIRED? YES _____ NO _____

PRIOR INSURANCE COMPANY NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

AGENT'S NAME: _____ PHONE NUMBER: _____

POLICY #: _____ CANCELLATION DATE: _____

OTHER DRIVER: NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DRIVER'S LICENSE #: _____ WORK PHONE NUMBER: _____

INSURANCE COMPANY: _____ POLICY #: _____

VEHICLE INVOLVED: YEAR _____ MAKE _____ MODEL _____ COLOR _____

LICENSE PLATE # _____ STATE _____ PLATE YEAR _____

LOSS REPORT: IN YOUR OWN WORDS, BRIEFLY GIVE THE FACTS AND DESCRIBE YOUR MOVEMENTS AND LOCATION OF YOUR VEHICLE PRIOR TO AND AT THE TIME OF THE ACCIDENT: _____

DATE OF ACCIDENT: _____ / _____ / _____ **TIME:** _____ **AM/PM** **PLACE:** _____

WERE THE POLICE CALLED TO THE SCENE? YES _____ NO _____

LOCATION OF VEHICLE, IF HIT AND RUN: _____

REASON VEHICLE WAS AT THIS LOCATION: _____

I HAVE ANSWERED THE ABOVE QUESTIONS AND THEY ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

Borrower's Signature X _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ IN THE YEAR _____

NOTARY PUBLIC (INCLUDE SEAL) _____