

SWORN STATEMENT IN PROOF OF LOSS (AUTOMOBILE)

POLICY NUMBER _____
TO _____
POLICY PERIOD _____

CLAIM NUMBER _____
INSURANCE COMPANY NAME _____

Name of Insured: _____ (hereinafter called insured)
according to the terms and conditions contained therein, including the written portion thereof and all endorsements, transfers and assignments attached thereto, on automobile described as follows:

Model Year	Make	Body	Vehicle Identification Number	Motor ID	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: _____

Warranties: Insured's occupation or business is _____.
Employer's name and address _____.

The said automobile is usually kept in (public or private garage) _____ located _____.

Purchase: The said automobile was purchased (new or used) _____ from _____ by the insured on _____, _____ for \$ _____.

Ownership: When your policy was issued to the Insured, Insured was the sole and unconditional owner of the automobile described. No encumbrance of said property existed nor has since been made nor has there been any change in the title, use, location or possession of said automobile. _____

Value: The actual cash value of the said automobile at the time of said loss was \$ _____.

Whole loss: The damage described as a result of the said loss was (as shown by annexed schedule) \$ _____.

Whole Insurance: The total insurance covering peril above stated, including this policy and all other policies (whether valid or not binders or agrees to insure, was at the time of the said loss) \$ _____.

Amount Claimed: Insured hereby claims of this company and will accept from this company in full release and so satisfaction in compromise settlement of all claims under this policy in the sum of \$ _____.

Assignment of Interest: Upon payment of claim for total loss by theft of automobile above described, the Insured does undertake to execute all instruments necessary to transfer, assign and set over unto the Insurer of all rights, title, and interest in said automobile, and will help the said Insurer, or proper authorities, to identify said automobile, if found, and will render all assistance possible to recover the said automobile or to apprehend the thieves.

Subrogation: The Insured hereby covenants that no release has been or will be given to or compromise or settlement made with any third party who may be liable in damages to the Insured and that the Insured in consideration of the payments made under this policy hereby subrogates the said Company to all rights and causes of action the said Insured has against any 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.

Statements of Insured: The said automobile has not been used for carrying passengers for compensation, or operated, or leased or rented, in any speed contest, nor for any illegal purpose, during the term of this policy. The said loss did not originate by any act, design, or procurement on the part of the Insured or this affiant; nothing has been done by or with the private or consent of Insured or this affiant, to violate the conditions of this policy, or render it void; all articles mentioned herein or in the schedule annexed hereto belong to said automobile and were in possession of the Insured at the time of said loss; no property saved has been in any manner concealed; no attempt to deceive the said Insurer, as to the extent of said loss, has in any manner been made, and no material fact is withheld or which the said Insurer should be advised. Any other information that may be required will be furnished on demand and considered a part of this proof.

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

WITNESSES:

Witness

Date

SIGNATURE(S):

Signature

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