

Claim Number _____

OWNER'S AFFIDAVIT

I, _____, certify that I was the owner of a

Vehicle Year, Make, and Model

Vehicle Identification (VIN)

which was involved in a collision on _____ (Date of Loss)

with a vehicle owned by _____ (Other Party Name).

The operator of my vehicle was _____ (Driver Name).

I was not a passenger in my vehicle at the time of the collision. My vehicle was operated with my consent but for the sole benefit of the operator.

I hereby swear that the above statement is true to the best of my knowledge.

Owner Signature _____

Date _____

Address _____

Phone _____

Email _____

OPERATOR'S AFFIDAVIT

I, _____, certify that I was the operator of a

Vehicle Year, Make, and Model

Vehicle Identification (VIN)

which was involved in a collision on _____ (Date of Loss)

with a vehicle owned by _____ (Other Party Name).

The owner of the vehicle that I was operating was _____ (Owner Name).

The owner was not a passenger in the vehicle operated by me at the time of the collision. I was operating the vehicle with the consent of the owner.

I hereby swear that the above statement is true to the best of my knowledge.

Driver Signature _____

Date _____

Address _____

Phone _____

Email _____