



AFFIDAVIT OF FACTS FOR ACCIDENTS WITHOUT A POLICE REPORT

INSURED/POLICY HOLDER NAME LAST: _____ **FIRST:** _____ **MI:** _____
HOME ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____

LIENHOLDER:
YOUR VEHICLE: YEAR _____ **MAKE** _____ **MODEL** _____
COLOR _____ **VIN#** _____
LICENSE PLATE # _____ **STATE** _____ **PLATE YEAR:** _____

HAS THE 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 SIGNATURE X _____

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

NOTARY PUBLIC (INCLUDE SEAL) _____

(All questions must be answered)