



Claim Number: _____

I, _____, residing at _____

_____, of full age being duly sworn according to law
upon this oath deposed and says:

On or about _____, same prior thereto, I (we)
(Date of Accident)

resided at _____
(Address)

On or about the date above, I do not own an automobile,
nor was I personally insured under the provisions of any
automobile insurance policy, nor was I residing with a
resident relative with a registered automobile.

Signature

Date

THIS FORM MUST BE NOTARIZED

I have answered and read this affidavit and it is true to the best of my
knowledge.

On this _____ day of _____, 20 _____ before me personally came
_____ to me know to be the person who answered and
completed this affidavit.

Notary Public _____ My commission expires _____

**ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR
MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.**