

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 \_\_\_\_\_

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**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 \_\_\_\_\_