

FINANCIAL INSTITUTION – CPI BORROWER CLAIM
AFFIDAVIT OF FACTS FOR ACCIDENTS WITHOUT A POLICE REPORT
THIS STATEMENT MUST BE NOTARIZED AND SIGNED BEFORE ANY PAYMENT WILL BE RENDERED

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)