

Claim No.:

**INSURED'S STATEMENT OF AUTOMOBILE LOSS**

\_\_\_\_\_  
Our File No.

\_\_\_\_\_  
Policy No.

This is a Statement of the Facts by the Insured. It is not a Proof of Loss such As required under conditions of policy.

TO Preferred Mutual Insurance Co  
One Preferred Way, New Berlin NY 13411-1896

Full Name of Insured: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Name and Address of Dealer or Party from Whom Purchased \_\_\_\_\_

Date of Loss \_\_\_\_\_ Exact hour of Loss \_\_\_\_\_ Kind of Loss \_\_\_\_\_  
Make of car \_\_\_\_\_ Year/Model \_\_\_\_\_ Plant No. \_\_\_\_\_ State & Year \_\_\_\_\_

**State below in complete detail facts and circumstances attending loss**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a property damage or collision claim Show diagram of accident, names and Addresses of witnesses and owner, Also, operator of other car.

Exact location of your car at time of accident \_\_\_\_\_

Name of party in charge of your car at time of accident \_\_\_\_\_ Age \_\_\_\_\_

Address of party in charge at time of accident \_\_\_\_\_ Phone \_\_\_\_\_

Where was party in charge at time of accident \_\_\_\_\_

Name of owner of other car \_\_\_\_\_

Address of owner of other car \_\_\_\_\_

Name of party in charge of other car \_\_\_\_\_ Age \_\_\_\_\_

Address of party in charge of other car \_\_\_\_\_ Phone \_\_\_\_\_

Make, year, type, license of other car \_\_\_\_\_

Names and addresses of witness and/or persons with party in charge \_\_\_\_\_

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Names and addresses of person injured \_\_\_\_\_

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If car was not operated by owner, how did party in possession acquire possession? With permission of owner? \_\_\_\_\_

Any traffic law violation? \_\_\_\_\_ By whom? \_\_\_\_\_ If arrest made, give name \_\_\_\_\_

Kind and condition of road \_\_\_\_\_ Weather \_\_\_\_\_

What direction was car going? \_\_\_\_\_ Other party? \_\_\_\_\_ Speed? \_\_\_\_\_ Other party \_\_\_\_\_

If any lien or mortgage on car describe fully \_\_\_\_\_

Is there any other insurance on car? Name companies \_\_\_\_\_

For what purpose was car being used at time of loss? \_\_\_\_\_

Has it ever been or was it being used at the time of loss for hire? \_\_\_\_\_

If car was en route at time of loss, give starting point, destination and object of trip \_\_\_\_\_

Were policy notified? \_\_\_\_\_ What station? \_\_\_\_\_ At scene? \_\_\_\_\_

Date and time? \_\_\_\_\_ How? \_\_\_\_\_ By whom? \_\_\_\_\_

Draw accident scene:

It is expressly understood and agreed that the furnishing of this blank by an Adjuster or Agent of the Insurer is not a waiver of any rights of the Insured. Any other information that may be required will be furnished on call.

*Insurance Department regulations require we inform you of the following:*

**“Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.”**

WITNESS:

Signature \_\_\_\_\_

Signature of Insured \_\_\_\_\_

Date \_\_\_\_\_