

GAP AFFIDAVIT OF ACCIDENT
NOTE: ALL QUESTIONS MUST BE ANSWERED.

THIS DOCUMENT MUST BE SIGNED & NOTARIZED

Year/Make/Model of Damaged Vehicle _____

Vehicle Identification Number (VIN) _____

Name of Vehicle Owner _____

Date of Accident _____ Location of Accident _____

Name of Person Filling Out This Affidavit _____

Address _____ Home Phone # _____

Work Phone # _____ Email _____

Are you the primary operator of the covered vehicle? ___ Yes ___ No

If No, name, address and phone number of primary operator _____

Name of Primary Operator's Employer(s) _____

Other than driving to and from your primary workplace, do you (or the primary operator) use the covered vehicle for work? ___ Yes ___ No

If the answer to the last question was yes, please answer the following questions:

Describe Job Duties _____

Average number of jobsites/locations visited per workday _____

Explain how you (or primary operator) use(s) your car for work? _____

Do you carry tools and/or supplies? ___ Yes ___ No

Are you reimbursed for mileage and/or other auto expenses? ___ Yes ___ No

Do you claim a mileage deduction on your tax returns? ___ Yes ___ No

Percentage of miles vehicle is used for work (other than travel to and from your primary workplace) _____ %

Where were you going at the time of the accident? _____

Where were you coming from at the time of the accident? _____

Was the vehicle repaired? ___ Yes ___ No If so, cost? \$ _____ Shop Name _____

Were the police called? ___ Yes ___ No Name of Police Department: _____

Did the police come to the scene? ___ Yes ___ No

Did the police write a report? ___ Yes ___ No If the answer is "No", please explain why no report was written: _____

Police Report # _____

Did the driver of the covered vehicle receive a citation? ___ Yes ___ No If the answer is "Yes", what was the charge? _____ Citation No.: _____

What plea was entered: ___ Guilty ___ Not Guilty ___ No Contest

What was the court's decision? _____

Did the driver(s) of the other vehicle(s) receive a citation? ___ Yes ___ No If the answer is "Yes", what was the charge? _____

Name of your auto insurance company _____ Claim # _____

Adjuster Name _____ Adjuster Phone # _____

How did the accident happen-give full account starting with speed and direction of each vehicle:

Please draw a diagram of accident:

Are the answers you have given true and correct? ___ YES ___ NO

Witness

Policyholder

Address of Witness

Subscribed and sworn to before me this ___ day of _____, 20 ___

Signature of Notary Public (Include Seal)

WARNING
ANY PERSON WHO, WITH INTENT TO DEFRAUD, KNOWINGLY SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING ANY FALSE, DECEPTIVE, OR MISLEADING INFORMATION IS GUILTY OF FRAUD.