



**Department of Public Safety and Corrections
Office of Motor Vehicles**

**Statement of Fact
Vehicle Totaled with Liability Insurance Only**

Date: _____

Year \ Make Vehicle Identification Number Plate Number

The above described vehicle was totaled on or about _____
Date

By signing this statement, I certify that:

- 1) The vehicle was only covered by liability insurance only, not full coverage, at the time of the accident; therefore, a "Proof of Loss" document cannot be obtained from the insurance company.
- 2) The vehicle was junked \ given to the insurance company.
- 3) The vehicle has not been in my possession since the date of the accident.
- 4) There is no lien on the vehicle.
- 5) The vehicle will be listed as a Salvaged \ Reconstructed Vehicle. If the vehicle is put back on the road, it will have to be re-titled as such.

Owner's Signature: _____