

NON-INJURY AUTOMOBILE STATEMENT

I was an occupant in the vehicle operated by _____
when it was involved in an accident on _____ at or near

The only other passengers in the vehicle were _____

To my knowledge no one in our vehicle sustained any bodily injury. I did not sustain any bodily injury. I have not had medical attention and have not suffered any financial loss as a result of this accident.

WITNESS(ES):

SIGNATURE(S):

Witness

Signature

Witness

Date

Claim Number