



JZ helps
an injury law firm

1450 Madruga Ave.
Suite 200
Coral Gables, Florida 33146
Tel: 305 661 9977
Fax: 786 472 4179
jzhelps.com
jz@jzhelps.com

Statement of Vehicle Non-Ownership

Claim Number: Claim #

Injured Party: CLMT

Driver's License Number: _____

PLEASE COMPLETE THE MOST APPROPRIATE SECTION(S)

Section 1

I, CLMT, hereby attest that on DOI I owned a vehicle that was titled in my name or leased a vehicle.

Name of insurance Company: _____

Policy Number: _____

Make Model and Year of Vehicle: _____

Signature _____

Date _____

Section 2

I, CLMT, hereby attest that on DOI, I did not own a vehicle in Florida, but usually resided with a relative who owned/leased a vehicle.

Name of relative/owner: _____

Name of insurance Company: _____

Policy Number: _____

Make Model and Year of Vehicle: _____

Signature _____

Date _____

Section 3

I, CLMT, hereby attest that to the best of my knowledge on DOI, I did not own/lease a vehicle or usually reside with a relative who owned/leased a vehicle.

Signature _____

Date _____

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.