Statement of Vehicle Non-Ownership

| Claim Number: | | |
|-------------------------------|--|---------|
| Injured Party: | <u> </u> | |
| Driver's License Number | : | |
| l, not own/lease a vehicle | hereby attest that to the best of my knowledge on or usually reside with a relative who owned/leased a vehicle. | , I did |
| | Signature | |
| | Date | |