



SAFeway INSURANCE COMPANY – Driver Affidavit of Non-fault Accident

If any representation contained in this document is false, misleading, or materially affects the acceptance or rating of this insurance policy by the company, by either direct misrepresentation, omission, concealment of facts, or incorrect statements, your policy may be cancelled or may be null and void from its inception.

Applicant / Insured Name: _____
Telephone Number: _____
Policy Number: _____
Address: _____
Vehicle Operator Name: _____

Section 2632.13(i) of Title 10, Code of Regulations establishes the requirement to accept a declaration, under penalty of perjury, from a driver regarding his or her at-fault accident history.

Safeway Insurance Company has the right to extensively investigate the contents of this declaration.

This document must be completed in full in order to be accepted, as proof of non-fault. Answers must be provided for all questions. The individual declaring non-fault must complete this affidavit in English.

Date of Accident: _____
Type of Accident: _____
Location & Time: _____

Police Department that responded to the scene of the accident or to which a report was made: _____

Were there any drivers cited or detained as a result of this accident? _____

Year, make and model of the vehicle you were driving: _____

Year, make and model of the other party's vehicle: _____

Names, addresses and telephone numbers for all parties involved in the accident:

Describe in detail the damages incurred to the automobiles and/or other property:

Were there any injuries sustained in the accident? Describe who and the nature of the injuries:

Total estimate for all property damaged or destroyed in the accident: _____

Insurance carrier you were insured with at the time of the accident: _____

Policy Number: _____
Claim Number: _____
Phone Number: _____

Insurance carrier representing the other vehicles involved: _____

Vehicle 1

Policy Number: _____

Claim Number: _____

Phone Number: _____

Vehicle 2

Policy Number: _____

Claim Number: _____

Phone Number: _____

Were you reimbursed by your or any other insurance carrier? _____

What coverages were the payments made under? _____

Please provide a detailed description of the accident:

Affiant's declaration of fault: (please describe whether you declare yourself to be "at-fault" or "not-at-fault" for the above accident and indicate if you were "at-fault" whether your actions or omissions were more than 51% of the cause of the accident).

Under penalty of perjury, I attest that I was not at fault or responsible for the accident described in this declaration on the date disclosed on page 1. No insurance company or other party, including myself, made any payment to any other party due to the accident described above. I understand that if my declaration is determined to be false, this policy is subject to cancellation, rescission, or adjustment and I may be exposed to civil action for insurance fraud and/or material misrepresentation.

Name of Applicant/Insured (Print or type)

Signature

Date

Name of Vehicle Operator (Print or type)

Signature

Date