



## Sworn Statement in Proof of Loss

\$As per form

AMOUNT OF POLICY AT TIME OF LOSS

07/01/2019

DATE ISSUED

07/01/2020

DATE EXPIRES

2019/2020

POLICY NUMBER

N/A

AGENCY AT

N/A

AGENT

To the **PLAN JPA**

At time of loss, by the above indicated policy of insurance you insured

City of Milpitas

against loss by all risk of physical damage to the property described under, according to the terms and conditions of the said policy of and all forms, endorsements, transfers and assignments attached thereto.

1. **Time and origin:** A vehicle loss occurred about the hour of 6 o'clock P M.  
STATE KIND

on the 26th day of May, 2020. The cause and origin of the said loss were: Collision

2. **Occupancy:** The building described, or containing the property described, was occupied at the time of loss as follows, and for no other purpose whatever: 2014 Ford Taurus Police Unit #PT-27, license plate 1442401, VIN 1FAHP2MT4EG163012

3. **Title and Interest:** At the time of the loss the interest of your insured in the property described therein was sole and unconditional ownership. No other person or persons had any interest therein or encumbrance thereon, except: NO EXCEPTIONS

4. **Changes:** Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except: NO EXCEPTIONS

5. **Total Insurance:** The total amount of insurance upon the property described by this policy was, at the time of the loss \$ As per form

6. **Full Replacement Cost** of said property at the time of the loss was \$N/A

7. **Full Cost of Repair or Replacement** is \$63,544.78

8. **Applicable Salvage** is \$ 1,875.00

9. **Actual Cash Value Loss** is (Line 7 minus Line 8) \$61,669.78

10. **Less Amount of Deductible and/or participation** by the insured \$ 5,000.00

11. **Actual Cash Value Claim** is (Line 9 minus Line 10) \$56,669.78

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

State of California

County of \_\_\_\_\_

Insured: City of Milpitas Jane Corpus

Asst. Finance Director

Notary Public: \_\_\_\_\_

Subscribed and sworn before me this

day of

,

Notary Seal

## ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of Santa Clara

On September 24, 2020 before me, Mary A. Lavelle, Notary Public  
(insert name and title of the officer)

personally appeared Jane Corpus  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are  
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in  
his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the  
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Mary A. Lavelle (Seal)

