



# Sworn Statement in Proof of Loss

\$As per form  
 AMOUNT OF POLICY AT TIME OF LOSS  
 07/01/2021  
 DATE ISSUED  
 07/01/2022  
 DATE EXPIRES

2021/2022  
 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 5 o'clock P M.  
STATE KIND

on the 10th day of October , 2021. 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: 2017 Ford Explorer Police Unit #PT-07, license plate 1514513, VIN 1FM5K8AR0HGB39017

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. <b>Total Insurance:</b> The total amount of insurance upon the property described by this policy was, at the time of the loss	<u>\$ As per form</u>
6. <b>Full Replacement Cost</b> of said property at the time of the loss was.....	<u>\$N/A</u>
7. <b>Full Cost of Repair or Replacement</b> is.....	<u>\$64,123.17</u>
8. <b>Applicable Salvage</b> is.....	<u>\$ 3,300.00</u>
9. <b>Actual Cash Value Loss</b> is (Line 7 minus Line 8).....	<u>\$60,823.17</u>
10. <b>Less Amount of Deductible</b> and/or participation by the insured.....	<u>\$ 5,000.00</u>
11. <b>Actual Cash Value Claim</b> is (Line 9 minus Line 10).....	<u>\$55,823.17</u>

**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 Insured:  
 County of \_\_\_\_\_ Notary Public:

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ Notary Seal