

SWORN STATEMENT IN PROOF OF LOSS (AUTOMOBILE)

Policy No. GLA140051907

OMAG Claim No. 212737-1-LN

Policy Period: 10/1/2022 to 10/1/2023

To: OKLAHOMA MUNICIPAL ASSURANCE GROUP

By the above numbered policy of insurance, you insured the **City of Lawton, Oklahoma** (hereinafter called the insured) against loss or damage to the automobile described as follows:

Model Year	Make	Type of Body	VIN No.
2015	Ford	Police Int.	1FAHP2MK6FG14 5930

Origin: A loss caused by Collision occurred on March 6, 2023, the full particulars of which are as follows: IV failed to see OV and hit OV in intersection.

Title and Interest: The Insured was the sole owner of the automobile at the time of the loss or damage and no other person had any interest therein, by bailment lease, conditional sale, mortgage or other encumbrance or otherwise, except:

Other Insurance: At the time of this loss; there was no other insurance on said automobile covering the same perils except:

Use: At the time of this loss; the said automobile was being used for business and was not being used to carry passengers for compensation or rental or leased for any illegal purpose except:

Subrogation: The insured hereby covenants that no release has been or will be given to or settlement or compromise made with any third party who may be liable in damages to the Insured and the Insured in consideration of the payment made under this policy hereby subrogates the Said company to all rights and causes of action the said Insured has against any person, persons, or corporations whomsoever for damage arising out of or incident to said loss or damage to said property and authorizes said Company to sue in the name of the Insured but at the cost of the Company any such third party, pledging full cooperation in such action.

Cash Value	Deductible	Salvage	Amount Claimed Under This Policy
\$12,870.00	\$ 1,000.00	\$11,870.00	\$10,870.00

The said loss did not originate by any act, design or procurement on my/our part nor on the part of anyone having interest in the property insured, or in the said policy of insurance; not in any consequence of any fraud or evil practice done or suffered by me/us and that no property saved has in any manner been concealed.

It is expressly understood and agreed that the furnishing of this blank or the preparation of proof by a Representative of the above insurance company is not a waiver of any of its rights.

MEMBER'S RELEASE

OMAG is hereby authorized and empowered to pay, at its option, as follows:

To City of Lawton the sum of \$ 10,870.00

“WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.”

STATE OF _____

COUNTY OF _____

X _____, City of Lawton
(Authorized City Official's signature)

Subscribed and sworn before me this _____ day of _____, 20____

Notary Public