



PURPOSE: This affidavit may be used only by an insurance company to accompany the DMV copy 2 of a New York State Salvage Certificate (MV-907A) for a vehicle that was acquired in settlement of a claim and for which a title A) was not surrendered by the insured upon acceptance of the insured of the total loss payment or B) was lost, mutilated, or destroyed. This affidavit may not be used as proof of ownership in any sale or other disposition of the vehicle described herein and is intended solely for the purpose of notifying the NYS Department of Motor Vehicles as to the absence of a title to the vehicle.

ODOMETER DISCLOSURE: A NYS DMV form MV-103 (Odometer Disclosure Statement) must accompany this affidavit with copy 2 of the MV-907A.

SECTION 1 - INSURANCE COMPANY INFORMATION:

I, _____, am an employee or a duly authorized agent of:

Insurance Company Name: _____

Address: _____ Claim Number: _____

Date of Loss: ____/____/____ Date Insured Accepted Settlement: ____/____/____

Insured's Name: _____

Address: _____

SECTION 2 - VEHICLE INFORMATION AND OWNER INFORMATION (if the vehicle owner is NOT the insured/policy holder)

VIN: _____

Year: _____ Make: _____ Model: _____

Owner or Company Name (if applicable): _____

Address: _____

ATTESTATION: I am an employee or authorized agent of the above named insurance company and am authorized to complete this document. I attest that the insurance company has paid the claim in full (i) and has not received the title document from the insured or (ii) the title document is lost, missing or destroyed and the company is unable to obtain a replacement. I attest that all of the information contained herein is true and correct and that making any false statements herein may be punishable by law.

(Signature)

() (Phone #)

(E-Mail Address)

NOTARY PUBLIC: Sworn before me on this ____ day of _____, in the year of ____ (Notary Public) [Seal]