Sworn Factual Statement (Exemplar)

Use only when a sworn factual narrative is requested or appropriate. This is not a proof of loss, examination under oath, release, or insurer-specific form. Confirm wording and any oath or notarial requirements before signing.

Insurance company	
Insured / declarant	
Policy number	
Claim number	
Loss address	
Date / time of loss	
Statement date	

1. Identity and basis of knowledge

State your relationship to the insured property and how you know the facts stated.

_____

_____

2. Facts and observations

Describe what occurred, what you observed, and when. Distinguish first-hand knowledge from information reported by others.

_____

_____

_____

_____

_____

3. Supporting records and qualifications

Identify photographs, reports, receipts or other records. Explain unknowns, estimates or disputed facts.

_____

_____

_____

Continuation and verification

Insured / declarant: _____ Claim number: _____

Additional facts or qualifications (attach numbered pages if necessary):

_____

_____

_____

_____

_____

_____

4. Statement under oath

I, the undersigned, state under oath that the factual statements in this document and identified attachments are true and correct to the best of my knowledge and belief. I have identified information that is estimated, unknown, or based on information from others. I have not knowingly concealed or misrepresented a material fact.

Do not sign a blank or incomplete statement. Review the entire statement and attachments. Sign only when the applicable oath requirements can be satisfied. False or misleading statements may have serious consequences.

Signature of declarant: _____ Date: _____

Printed name and capacity (if signing for an entity): _____

Notarial certificate (if required)

Have the notary use the jurat or other certificate required by applicable law. The following space is provided for that certificate; it is not prescribed notarial wording.

State / jurisdiction: _____ County / locality: _____

Notarial certificate / seal:

_____

_____

_____

_____