



# STATE OF CONNECTICUT

## DEPARTMENT OF MOTOR VEHICLES

60 State Street, Wethersfield, CT 06161

<http://ct.gov/dmv>



### AFFIDAVIT OF PAYMENT FOR TOTALED MOTOR VEHICLE

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Vehicle Identification Number \_\_\_\_\_

Last motor vehicle owner of record (Name, City/Town, State)

\_\_\_\_\_

Lienholder of record (if applicable)

\_\_\_\_\_

I, \_\_\_\_\_, being duly sworn according to law, depose and state:

1. I make this Affidavit under oath, based upon my personal knowledge of the information contained herein. I am over eighteen years of age, of sound mind, and willfully and voluntarily make the statements contained within this Affidavit.
2. I am employed as a(n) \_\_\_\_\_ for \_\_\_\_\_  
(Name of insurance company) (the "carrier") and am authorized to act on its behalf.
3. On \_\_\_\_\_ (Date of the accident), the above – referenced vehicle was involved in a motor vehicle accident in the town/city of \_\_\_\_\_, CT.
4. On \_\_\_\_\_ (Date of tow), said vehicle was towed by \_\_\_\_\_ (Entity that towed the motor vehicle) and taken to \_\_\_\_\_ (Location to where the vehicle was in towed) in \_\_\_\_\_, CT.

5. On \_\_\_\_\_ (Date), the carrier declared the vehicle to be a total loss.
6. On \_\_\_\_\_ (Date), the carrier paid the motor vehicle owner full payment for his/her motor vehicle claim.
7. On \_\_\_\_\_ (Date) and \_\_\_\_\_ (Date), the carrier sent written notice by certified mail, return receipt requested, to the motor vehicle owner and lienholder (if applicable), respectively, to request the certificate of title for said vehicle.
8. The tracking numbers for said certified mailings are \_\_\_\_\_ and \_\_\_\_\_, respectively.
9. To date, neither the motor vehicle owner nor the lienholder has provided the carrier with the certificate of the title for the vehicle.
10. Having paid the full claim for the total loss of the vehicle, the carrier is of the belief that it is the lawful owner of the vehicle and is not in a current dispute with any entity regarding the vehicle's ownership.
11. The carrier seeks to obtain the certificate of the title for said vehicle from the Connecticut Department of Motor Vehicles.

**Pursuant to sections 14-110 and 53a-157b of the Connecticut General Statutes, I declare under penalty of false statement that the information I provided in this Affidavit, and in any documents attached hereto, are true and complete to the best of my knowledge and belief.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed name**