

本表翻譯為中文以便利理解被證人的資料並協助正確地填表 不過由法院面
只詢問的七資料以英文填寫 請用不可用中文填寫 除英文外 法院不接受任何其他語
填寫表格

CIVIL COURT OF THE CITY OF NEW YORK

County of _____
紐約民事法院 區

Index No.: _____

案編號

**AFFIDAVIT OF COMPLIANCE
WITH THE INSURANCE LAW**

符合保險法的宣誓

State of New York, County of _____ ss:

紐約州 區 聲明

_____, being duly sworn, deposes and says:

謹宣誓並作聲明

I am over 18 years of age and I am the Claimant in this action.

本人已逾18歲並為案中之提人

On _____ I complied with 1213 of the Insurance Law of the

於 _____ 本人遵照紐約保險法第1213條 其本人

State of New York in that I:

1. served the Superintendent of the State Insurance Department with the original
Summons in this matter along with payment of the required fee, and I also

已將事之原案送州保險局並作所需費用而本人亦

2. mailed Notice of this action to the Defendant, along with a copy of the Summons in
the matter, by Certified Mail, Return Receipt Requested.

已將案之通告用有票掛號郵寄回被告

Proof of such mailing to the Defendant is documented by:

此種通知被告之文件證明已

The signed and dated Return Receipt form which is annexed herewith.

附之簽收及日期回條

The original envelope annexed herewith, bearing the notation by the Postal Service
that the mail was refused by the Defendant.

附此原封裝到郵局新掛號郵件已遭被告拒絕

Signature of Deponent

聲明簽署

Print Name of Deponent

聲明人姓名

Sworn to before me this _____ day of _____, 20____

於0 年 月 日當本面簽署

Notary Public

地保證人

CIV-GP-74-B(Revised, 1/04)