

# NO ACCIDENT DECLARATION

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

## Vehicle Description

Year \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Reg. No. \_\_\_\_\_

Chassis No. \_\_\_\_\_

I/WE hereby declare that the above vehicle was not involved in any accident during the period \_\_\_\_\_ to \_\_\_\_\_ and I/WE have not and will not be presenting any claim for this period which is now being reinstated.

I/WE warrant that the above statement is true and I/WE agree that this declaration shall be the basis of reinstatement of the Policy of Insurance between ME/US and the Insurance Company, and shall be deemed as incorporated in the Policy of Insurance to be reinstated.

INSURED'S SIGNATURE

\_\_\_\_\_

INSURED'S NAME

\_\_\_\_\_

INSURED'S SIGNATURE

\_\_\_\_\_

INSURED'S NAME

\_\_\_\_\_