

Declaration of No Claims During Lapse Period

I,

, hereby declare that to the best of my knowledge, belief, and records, there have been no claims or incidents reported, notified, or made, nor any circumstances likely to give rise to a claim, during the policy lapse period as stated below.

Details of Previous Policy:

Previous Policy Number

Insurer Name

Period of Insurance

Lapse Period

I confirm that there were no losses, claims, or incidents reported or pending settlement relating to the above period. I understand that if any claim(s) or incident(s) has occurred and is subsequently discovered, the insurer reserves the right to repudiate such claim(s) or initiate any necessary action.

Name of Proposer

Contact Number

Date

Signature of Proposer

Authorized Signatory (if applicable)