



LATE RENEWAL CLAIM FREE DRIVING DECLARATION

Policy Number:

Client:

I hereby declare that there have been no incidents which could give rise to a claim involving vehicle registration:

_____ Between DD / MM / YY (renewal date) and DD / MM / YY (payment date)

Reason for late payment:

I understand that should any claim be notified subsequently that occurred during this period there will not be any cover in force as the policy was not renewed on or before its renewal date.

Signature of Policyholder: _____ Date: _____

Status: _____ (if policy is in a Company Name)