

4. Amount claimed as damage from you :
5. (a) Give the names and addresses of
Person who witnessed the incident :
- (b) has the incident been reported
to any authority ?
If so, state to whom and attach
A copy of the report submitted. :
- (c) What action, if any, has been taken
by the authority ?
6. Give particulars of other insurance
if any, in respect of the same risk. :
7. Has any claim been made upon you before.

I/We the above named, do hereby, to the best of my/our knowledge a belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or in any further declaration the Company may require in respect of the said accident shall make any false or fraudulent statement, or any suppression or concealment my/our claim shall be absolutely forfeited, and the Policy shall be null and void.

Witness :	Signature _____	Insured' s Signature _____
	Name _____	Date _____
	Address _____	
	Date _____	