



I/ We, the above named, do hereby, to the best of my /our knowledge and 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.

Date: DD/MM/YYYY

Insured's Signature

Clear Form

Print Form