

Confirmation of No Claims Discount

To be fully completed if the official renewal notice is not available

Insurance Policy Number:

Proposer's Full Name:

Full Postal Address:

Name of Previous Insurer:

Policy Number:

Cancellation/Lapse Date:

Registration Number:

No Claim Discount % Representing Years

No Claim Discount Protection in Force? YES/NO

Any Accidents, Loss or Claims? YES/NO

Any Terms Applied? YES/NO

If YES, please provide full details:

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Previous Insurer Contact Details

Name of Employee:

Branch: Date of Contact:

Telephone Number:

Agent Information

Signed/Position Held:

Date:

This document is to be submitted in lieu of normal no claims discount proof and will be subject to regular audit.