

No Claims Declaration

Professional Indemnity Insurance



Declaration

Insured Name: _____

I the undersigned, after having made full enquiries, declare the following:

1. I am authorised to complete this No Claims Declaration on behalf of the Insured.
2. The information given in the Proposal has not materially altered.
3. The Insured is not aware of any new claims or circumstances which might give rise to a Claim hereunder.

TO BE SIGNED BY PARTNER/DIRECTOR OR PRINCIPAL OR EQUIVALENT

Full Name: _____

Position: _____

Signature: _____ Date: / /

Insured by



DUAL ASIA

Tel: +65 6908 9895 www.dualasia.com
89A Amoy Street, Singapore 069908
DUAL Underwriting Agency (Singapore) Pte Ltd.