

# No Claims Declaration



Fill out this form, then download and email to [info@tlcinsurance.co.nz](mailto:info@tlcinsurance.co.nz)

After inquiry of all partners/principals and staff it is confirmed that:

- + No claim(s) have been made against me/us and no circumstances have become known to me/us which might give rise to any claim against me/us other than those already known and disclosed.
- + It is confirmed that no material changes or circumstances have arisen that require disclosure.

On behalf of all proposed insureds, I/we declare that:

- + I/we understand that TLC Insurance Limited requires this information in order to administer the policy and that the Privacy Act 2020 entitles me/us to have access to, and request correction of, any information retained;
- + I/we understand that TLC Insurance Limited may make our personal information available to third parties to administer our insurance policies or when required by law to do so.

Signature (insured)

Date (dd/mm/yyyy)

- I / We declare that where this declaration is completed in electronic form and submitted without a hand-written signature, the inclusion of a name in the signature panel shall be sufficient to acknowledge acceptance of these matters and shall be treated as the signature of the person named in the signature panel as the insured, or the insured's duly authorised representative.