

# 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

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DUAL Underwriting Agency (Hong Kong) Ltd.