No Claims Declaration

Accident and Health

DUAL

Declaration

I/We, after having made full enquiries, declare that the information given in the **proposal** form has not materially altered, and that I/We are not aware of any new **claim** or circumstances which might give rise to a **claim** hereunder.

Insured: _____

Signature: _____   Date: /   /

SYDNEY I MELBOURNE I PERTH I BRISBANE
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