

## Insurance Company Logo and Name

No Claims Bonus  
or  
No Claims Bonus Statement  
or  
Certificate of No Claims Discount

### Details

Policy Number

Policy Holder/Insured Name and Address

Vehicle registration Number

Renewal Date

### Qualifying statement

To whom it concerns the above named has earned the following No Claims Bonus

Point on scale

Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 5+
0%	10%	20%	30%	40%	50%	55%

### Claims


### Declaration

(To be signed by the Policyholder when presenting this No Claims Discount Statement for the purpose of arranging new insurance)

I confirm that neither myself or any named driver have been involved in any accidents, claims or losses, other than those shown above. I also confirm that the above policy will not be renewed.

Signed Policy Holder

Dated