

DECLARATION

NAME OF INSURED: _____ DATE: _____

POLICY NO: _____ INSURER: _____

1. The Insured hereby warrants and undertakes in favour of the Insurer that:
 - 1.1. no claims under the policy were made against the Insurer and that no claims are pending for which the Insurer could be held liable for,
 - 1.2. there were no causes, incidents or circumstances giving rise to a claim, and
 - 1.3. no material changes to the risk have occurred during the period commencing on the date that the cover lapsed due to non-payment of premium and the date hereof.
 - 1.4. Cover is only restored once payment is paid into policy either by direct transfer or by manual debit. Once payment is cleared and booked to your policy only then there is cover.

SIGNED AT: _____

THIS _____ DAY OF _____ 20 _____

BY THE INSURED _____

WITNESS _____

BELLA ROSA OFFICE

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PO Box 2706, Paarl, 7620

Authorised Financial Services Provider

MP Insure Pty (Ltd) t/a Stepp | Reg No. 2010/089718/23 | Directors: SJ Nel; MC Dreyer; M Pretorius; RP Perold; JG Henning