

Annual Third-Party Liability Insurance Declaration Form

1. Insured Party Information

Full Name / Company Name:

Policy Number:

Address:

Contact Person:

Phone Number:

Email Address:

2. Insurance Details

Coverage Period (From):

Coverage Period (To):

Limit of Indemnity (Amount):

Type of Business/Operation Covered:

3. Declaration of Claims (Past 12 Months)

Have you submitted any Third-Party Liability claims in the last 12 months?

Select

If yes, please provide details:

4. Declaration and Signature

I hereby declare that the information provided in this form is true and complete to the best of my knowledge. I

understand that any misrepresentation may result in the cancellation of coverage or refusal of claims.

Date

Signature

Name & Title

Important Notes

- This form must be completed and signed annually as part of your insurance renewal process.
- Ensure all information is accurate to avoid delays in claim processing or policy renewal.
- Coverage details are subject to policy terms, conditions, and exclusions.
- Notify your insurer immediately of any changes in the nature of your business operations.
- Keep a copy of this declaration for your records.