
NO CLAIMS DECLARATION

I (policy holder name) _____

the undersigned, I.D. No. / Reg. No. _____

hereby confirm that I have no pending claims for the dates _____ to _____ 20____

for which I now pay the premium of R_____

Should premium be reversed or stopped policy automatically will be cancelled.

I accept and understand that insurance cover in respect of policy number. _____

Will only become effective from _____ 20____

I also accept that no claim will be entertained for the abovementioned period and confirm this below.

Signed on this the _____ day of _____ 20____

SIGNATURE : _____

WITNESS : _____

Account Holder : ORIGEN UNDERWRITING-FULCRUM COLLECTIONS PTY LTD
Bank : NEDBANK
Account No : 1178260674
Type of Account : Current Account
Branch Code : 198765
Branch Name : Nedbank South Africa
Swift Code : Nedszajj
Reference : **POLICY NUMBER**

Please use the client policy number for ease of reference.

Please email completed form and proof of payment to:

admin@oums.co.za so the payment can be allocated correctly before Origen's month end.