

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NO
 (b) If yes, give full details : NO

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any :
 (b) Did a Police Constable take particulars of The accident? :
 (c) Was accident reported to Police? If not, Why? :
 (d) If yes, to which Police Station? :
 (e) Date and Diary No. :

10. THEFT

- (a) Date and Time :
 (b) Place :
 (c) What was stolen? :
 (d) Estimated cost of replacement? :
 (e) By whom discovered and reported? :
 (f) Has theft been reported to Police? :
 (g) When? :
 (h) Which Policy Station? :
 (i) C.R. diary Number :

I/we the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement every respect and I/We have made or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement of any suppression or concealment, the Policy shall be void and all rights to receive thereunder in respect of part or future accident shall be forfeited.

Date 25/12 2025

Signature of the insured [Signature]