

**CONFIRMATION NOT CLAIMING AGAINST OWN POLICY**

Date: \_\_\_\_\_

**CONFIRMATION - NOT CLAIMING AGAINST OWN POLICY**

Client Name: \_\_\_\_\_

Insurer: \_\_\_\_\_

Policy Number: \_\_\_\_\_

To whom it may concern

We hereby confirm that our client: \_\_\_\_\_

did not submit a claim against their policy for the damages incurred on vehicle: \_\_\_\_\_  
**(Year Model) Make & Model**Registration number: \_\_\_\_\_ which occurred at \_\_\_\_\_  
on date: \_\_\_\_\_

Our client is holding the third party totally responsible for the damages.

Regards

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_