

Mileage Declaration Form

Client Name:

Postcode:

Date:

Please complete this declaration and return to Brentacre Insurance WITHIN SEVEN DAYS.

I hereby declare to Brentacre Insurance Services that my vehicle:

Make:

Model:

Registration Number:

Has a current mileage reading of

I confirm that the mileage covered by my vehicle Registration number _____ Will
not exceed _____ miles in the forthcoming 12 months.

I hereby declare that the information provided above is true to my knowledge. I understand that providing false information may result in my policy being cancelled with immediate effect.

I agree to and understand the declaration:

Brentacre Insurance Services Ltd.