

Company Letterhead



[Street Address] • [City], [State] [Postal Code] • Phone: [Your Phone] • Fax: [Your Fax]
E-Mail: [Your E-Mail] Web: [Web Address]

Date: [Insert Date]

[Recipient]

[Title]

[Company]

[Address 1]

[Address 2]

[Address 3]

Proof of No Claims' Discount - Policy Number 123456789

We confirm that Mr XXX held a fully comprehensive Motor Insurance Policy with us from 1st of January 2009 to 1st of January 2010.

During this time, Mr XXX made no claims on his policy.

Mr XXX earned a total of 1 years of No Claims' Discount whilst insured with us.

At the time of cancellation, Mr XXX was entitled to a grand total No Claims' Discount of 4 years (21%).

We trust this information is sufficient for your requirements.

Yours sincerely,

XXX