

Insurance Bonus Declaration for Motor Insurance Rewards

Date: [Insert Date]

To,

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Subject: Declaration for Insurance Bonus Rewards

Dear [Recipient's Name],

I, [Your Full Name], holding the policy number [Your Policy Number], would like to formally declare my eligibility for the motor insurance bonus rewards for the policy year [Insert Year].

I confirm that during this period, I have maintained a no-claim status and have adhered to all terms and conditions stipulated in the policy. I believe I qualify for the bonus as outlined in the policy documentation.

I kindly request you to process the bonus and provide me with the necessary details regarding the same.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Full Name]

[Your Contact Information]

[Your Address]