

# TO WHOM IT MAY CONCERN

## NO KNOWN LOSS LETTER

Proposer Name :  
投保人姓名

Policy No. :  
保單號碼

Registration No. :  
車牌號碼

Expired Period : to  
脫期期間

### Please provide full details in the space provided:

(1) Had the vehicle being used in the expired period?  
於脫期期間有沒有使用上述車輛？

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(2) Had been rejected for any motor insurance in the expired period?  
於脫期期間有沒有投保汽車保險而中途被拒絕承保？

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(3) Any accidents, losses or claims in the expired period? (Please explain)  
於脫期期間有沒有發生意外或提出索償？（如有，請詳述）

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Yours faithfully,

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Signature / Company Chop  
簽名 / 蓋章

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Date of Signature  
簽署日期