



**Automobile Insurance  
Declaration for Low Mileage  
Discount**

Name of Insured(s) \_\_\_\_\_

Policy Number (if applicable) \_\_\_\_\_

Effective Date \_\_\_\_\_

Broker \_\_\_\_\_

I declare that the vehicle(s) receiving the Low Mileage Discount will not be driven more than 8,000 kilometres annually. I agree that should the annual mileage exceed 8,000 kilometres, I will promptly notify AXA Insurance and I acknowledge that my automobile insurance premium may be adjusted accordingly.

\_\_\_\_\_  
Signature of Insured(s)

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Signature of Insured(s)

\_\_\_\_\_  
Date (dd/mm/yyyy)