

LOST CERTIFICATE DECLARATION

POLICY / CERTIFICATE NO: _____

1. I/We hereby declare that the current CERTIFICATE OF MOTOR INSURANCE delivered to me / us by the Insurer in accordance with statutory requirements has been lost, mislaid or destroyed, and that I/we request the insurer to issue a DUPLICATE.
2. I/We undertake to return the missing CERTIFICATE if found prior to its expiry date.
3. I/We understand that in the event of my/our wishing to cancel, suspend or transfer the policy during current period, I/We may be called upon to furnish a statutory declaration relating to the loss or destruction of the CERTIFICATE.

SIGNED _____ DATE _____

NAME: _____

ADDRESS: _____

