

## LOST CERTIFICATE DECLARATION

Policy No: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

I/We hereby declare that the current CERTIFICATE OF MOTOR INSURANCE in respect of the insured vehicle REGISTERED Number \_\_\_\_\_ delivered to me/us by the Insurer in accordance with statutory requirements has become lost, mislaid or destroyed, and I/we request the Insurer to issue a DUPLICATE (delete as necessary, EG. where there has been a change of car).

I/We undertake to return the missing CERTIFICATE if found prior to its expiry date.

I/We understand that in the event of my/our wishing to cancel, suspend or transfer the policy during the current period, I/we may be called upon to furnish a statutory Declaration relating to the loss or destruction of the CERTIFICATE.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_