

**LOST CERTIFICATE DECLARATION**

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Policy number:

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Policyholder:

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Expiry date:

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**I/We** hereby declare that the current **Certificate of Motor Insurance** in respect of the insured vehicle registration number: \_\_\_\_\_ delivered to **me/us** by the insurer in accordance with statutory requirements has been lost, mislaid, or destroyed.

**I/We** undertake to return the missing **Certificate of Motor Insurance** if found prior to the 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 of Motor Insurance**.

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Name:

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Signed:

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Date:

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If a limited company, please confirm you are a director of the company Yes  No

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