



LOST CERTIFICATE OF MOTOR INSURANCE DECLARATION

Policy Number:

Name of Document Holder:

Vehicle Registration No:

I/We hereby declare that the Certificate(s) of Motor Insurance issued to me/us and relating to the above numbered document has been lost, mislaid or inadvertently destroyed.

I/We undertake to return the missing document(s) immediately should it be found.

Signature:

Print Name:

Position (if a Company or Firm):

Date: