

# Policyholder's Lost Certificate Declaration



Policy  
Number

Policyholder's  
Name

To the Underwriting Department,

Please note the Certificate of Motor Insurance for the above policy has been lost, mislaid or destroyed and I would like a copy issued to me.

If the missing one is found prior to its expiry date I will return it.

In the event of the Policy being cancelled or suspended during the current period of insurance I understand that I may have to furnish a Statutory Declaration relating to the loss of the Certificate.

Policyholder's  
Signature

Date