



Insurance Company Ltd

PO Box 31116. London E14 9JQ. Tel: 020 7001 9351 Fax: 020 7068 7821

LOST CERTIFICATE DECLARATION

POLICY NUMBER _____

POLICY HOLDER _____

EXPIRY DATE _____

I/We hereby declare that the current **CERTIFICATE OF MOTOR INSURANCE** in respect of the insured vehicle **REGISTRATION NO:** _____
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** if found prior to its expiry date.

I/We understand that in the event of **my/or** wishing to cancel, suspend or transfer the policy during the current period, **I/We** may be called upon to furnish statutory declaration relating to the loss or destruction of the certificate.

Signed: _____

Date: _____