

To:

**DECLARATION OF LOSS OF CERTIFICATE**

Policy No : \_\_\_\_\_ Vehicle No : \_\_\_\_\_  
Insured : \_\_\_\_\_ Date : \_\_\_\_\_

In compliance with the Motor Vehicle Third Party Risks Regulations I hereby declare that the relative Certificate of Insurance issued to me under the above Policy has been loss or mislaid and that this statement is true to the best of my knowledge.

I further assume responsibility for any claim or disputes arising out of the loss Certificate of Insurance and undertake to indemnify the Company in this respect.

I/We wish to:

(Please tick ( ) where applicable:)

( ) apply for a Certified True Copy of the Certificate of Insurance / policy.

( ) cancel the above policy with effect from \_\_\_\_\_ or a prorated / short-term basis.

Yours faithfully

\_\_\_\_\_  
I/C No: \_\_\_\_\_