

## DECLARATION OF LOSS OF MOTOR INSURANCE CERTIFICATE

INSURED : \_\_\_\_\_

POLICY NO. : \_\_\_\_\_

VEHICLE NO. : \_\_\_\_\_

EXPIRY DATE : \_\_\_\_\_

In compliance with the Motor Vehicle Third Party Risk Regulations, I/We hereby declared that the Certificate of Insurance issued to me/us under the above policy has been lost or mislaid and that this statement is true to the best of my/our knowledge.

I/We further assume responsibility for any claim or dispute arising out of the loss of the 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.

( ) Cancel the above policy with effect from \_\_\_\_\_

\_\_\_\_\_  
Signature of Insured/Company's Stamp

\_\_\_\_\_  
Date

\_\_\_\_\_  
NRIC Number