



---

## **LOST CERTIFICATE DECLARATION**

Insured:

Policy Number:

I/We hereby declare that the current certificate of motor insurance in respect of the above delivered to me/us by the insurer in accordance with the statutory requirements has become lost, mislaid or destroyed and I/we request the insurer to issue a duplicate.

I/we undertake to return the missing certificate if found prior to its expiry date.

Signed:

Date:

**PLEASE NOTE WE WILL REQUIRE THE ORIGINAL OF THIS FORM SIGNED AND DATED.**