

Motor Insurance Declaration

APPLICABLE TO LOST, MISLAID OR DESTROYED CERTIFICATES AND/OR WINDSCREEN INSURANCE DISCS

Name of Policyholder:

Policy Number:

Expiry Date of Policy:

I/We hereby declare that the current CERTIFICATE OF MOTOR INSURANCE and/or WINDSCREEN INSURANCE DISC issued in respect of the insured vehicle

REGISTRATION NO:

delivered to me/us by Insurance Corporation in accordance with statutory requirements has become lost, mislaid or destroyed and I/we require Insurance Corporation to (delete as necessary) :-

- 1) issue a duplicate
- 2) accept this declaration as my/our instruction to cancel/suspend the policy

I/We undertake to return the missing CERTIFICATE and/or WINDSCREEN INSURANCE DISC if found prior to its expiry date.

I/We understand that in the event of my/our wishing to cancel or suspend the policy during the current period, I/we may also be called upon to furnish a statutory declaration relating to the loss or destruction of the CERTIFICATE and/or WINDOW INSURANCE DISC

Signed:

Print Name:

Position (if not Policyholder)

Date: