

# Policyholder's Lost Certificate

## Declaration Form

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Policy Number

Policyholder's Name

To the Underwriting Department,

Please note the Certificate of Motor Insurance for the above policy has been lost, mislaid or destroyed and I would like a copy issued to me.

If the missing one is found prior to its expiry date I will return it.

In the event of the Policy being cancelled or suspended during the current period of insurance I understand that I may have to furnish a Statutory Declaration relating to the loss of the Certificate.

Policyholder's Signature

Date

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