



LOST CERTIFICATE DECLARATION

Policyholder _____

Policy Number _____

Expiry Date of Cover ____ / ____ / ____

Date of Request ____ / ____ / ____

I hereby declare that the Insurance Certificate of Motor Insurance issued to me for the current period of insurance in respect of vehicle:-

Make & Model _____

Registration Number _____

Has been lost, mislaid or destroyed and **I AGREE** that in the event that I find the certificate before it runs out then I will return it at once to **Crumlin Insurance Partnership, 44 Main Street, Crumlin, Co Antrim BT29 4UR**.

I FURTHER UNDERSTAND that if I cancel the Insurance during the currency of the Certificate that has been lost, mislaid or destroyed, this I will be required to provide a Statutory Declaration relating to the loss of the Certificate and that any fees that may be required in this respect shall be paid for by me.

DUPLICATE CERTIFICATE REQUIRED? YES / NO

Important note about lost certificates

WE SUPPLY INFORMATION TO THE MOTOR INSURANCE DATABASE ABOUT THE INSURANCE ON YOUR VEHICLE. LOST CERTIFICATES ARE RECORDED. IF YOU SHOULD FIND A LOST CERTIFICATE AT SOME FUTURE DATE PLEASE DO NOT ATTEMPT TO USE IT IN ORDER TO AVOID ANY MISUNDERSTANDINGS THAT COULD ARISE WITH THE POLICE OR THE LICENCING AUTHORITIES. BY SIGNING THIS FORM YOU ARE AGREEING TO THE ORIGINAL CERTIFICATE BEING DECLARED VOID.

SIGNATURE OF POLICYHOLDER _____

DATE: _____