

To : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DECLARATION OF LOSS OF MOTOR INSURANCE CERTIFICATE**

Policy No. : \_\_\_\_\_ Insured : \_\_\_\_\_

Address : \_\_\_\_\_

Vehicle No : \_\_\_\_\_ Expiry Date : \_\_\_\_\_

In compliance with the Motor Vehicle Third Party Risk Regulations, I/We hereby declare 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 claims or dispute arising out of the lost of the Certificate of Insurance and undertake to indemnify the corporation in this respect.

I/We wish to cancel the above policy with effect from \_\_\_\_\_.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
I/C Number