

Lost Certificate Declaration

Policy Number:

Expiry Date:

I/We hereby declare that the current **Certificate of Motor Insurance** in respect of the insured vehicle, registration number delivered to me/us by the Insurer, in accordance with statutory requirements has been lost, mislaid or destroyed and I/we request the insurer to accept this declaration as stand.

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

I/we understand that in the event of my/our wishing to cancel, suspend or transfer the policy during the current period I/we may be called upon to furnish a statutory declaration relating to the loss or destruction of the Certificate.

Signed.....

Print Name.....

Date.....

Please return to: **Sharrocks**
The insurance people
Watsons' Mill
Ride's Passage
High Street
SHEERNESS
Kent ME12 1UD

Telephone Number 01795 580800

