

# 保険証券紛失届

## Loss of Certificate Declaration

届け出はこちらへ:

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契約者名 Policyholder :	
保険契約番号:Policy Number :	
契約期間 Policy Period :	日/ 月/ 年 ~ 日/ 月/ 年

I/We hereby declare that the current CERTIFICATE OF MOTOR INSURANCE in respect of the insured vehicle REGISTRATION NUMBER\_\_\_\_\_has been;

該当箇所に☒印を付けてください。

- lost (紛失)
- mislaid (置き忘れ)
- destroyed (手違いによる破棄)

- I/We hereby request an issue of duplicate certificate (保険証券再発行要)
- I/We do not require duplicate certificate (保険証券再発行不要)

I/We undertake to return the missing CERTIFICATE if found prior to its expiry date.

Signed by the Policyholder	Dated
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