

Name and Address

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Policy Number: \_\_\_\_\_

Client Reference: \_\_\_\_\_

## LOST CERTIFICATE DECLARATION

### Reason for a LCD Request

#### Instructions to complete this form

- If your Certificate of Insurance have been lost or destroyed, please complete, sign and date Section 1 of this form.
- If your Insurance Disc have been lost or destroyed, please complete, sign and date Section 2 of this form.
- If both your Insurance Certificate and Disc have been lost/ destroyed, please complete, sign and date both sections.

Please return by post or fax to enable your request to be fulfilled.

### SECTION 1

#### Lost Certificate of Insurance Declaration

In accordance with the Road Traffic (Insurance Disc) Regulations 1984 & (Amendment) 1986 (ROI) & Article 7 of the Road Traffic Act (Compulsory Insurance Regulations 1962 as amended in 1992). I declare that the Certificate/disc relating to Vehicle Registration Number \_\_\_\_\_ have been lost or destroyed under the following circumstances:

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Should I recover this Certificate, I will return it to QUINN-*direct* Insurance.

Policyholders Signature \_\_\_\_\_ Date \_\_\_\_\_

### SECTION 2

#### Lost Insurance Disc Declaration

In accordance with the Road Traffic (Insurance Disc) Regulations 1984 & (Amendment) 1986 (ROI) & Article 7 of the Road Traffic Act (Compulsory Insurance Regulations 1962 as amended in 1992). I declare that the Certificate/disc relating to Vehicle Registration Number \_\_\_\_\_ have been lost or destroyed under the following circumstances:

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Should I recover this Disc, I will return it to QUINN-*direct* Insurance.

Policyholders Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return to: Quinn-Insurance, Dublin Road, Cavan, Co. Cavan, Rep.Ireland.**