



Name and Address

Policy Number: _____

Client Reference: _____

LOST CERTIFICATE DECLARATION

Reason for a LCD Request: _____

Instructions to complete this form

1. If your Certificate of Insurance has been lost or destroyed, please complete, sign and date Section 1 of this Form.
2. If your Insurance Disc has been lost or destroyed, please complete, sign and date Section 2 of this Form.
3. If both your Insurance Certificate & Disc has 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
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In accordance with Article 7 of the Road Traffic Act (Compulsory Insurance Regulations 1962 as amended in 1992), I the policyholder, declare that the Certificate of Insurance relating to Vehicle Registration Number

has been lost or destroyed under the following circumstances:

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

Policyholders _____ **Date:** _____
Signature: _____

SECTION 2	Lost Insurance Disc Declaration
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In accordance with Article 7 of the Road Traffic Act (Compulsory Insurance Regulations 1962 as amended in 1992), I the policyholder, declare that the Insurance Disc relating to Vehicle Registration Number

has been lost or destroyed under the following circumstances:

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

Policyholders _____ **Date:** _____
Signature: _____