

AXA INSURANCE SINGAPORE PTE LTD
9 Shenton Way
AXA Tower #27-01
Singapore 068811

Attention: Customer Solutions Motor
Fax: 6880 4729

DECLARATION OF LOSS OF MOTOR INSURANCE CERTIFICATE

Insured Name : _____

NRIC : _____

Policy No/Name : _____

Vehicle No : _____

In compliance with the Motor Vehicle Third Party Risk Regulations, I hereby declare that the Certificate of Insurance issued to me under the abovementioned policy has been a lost or mislaid and that this statement is true to the best of my knowledge.

I further assume responsibility for any claim or dispute arising out of the lost Certificate and undertake to indemnify the Company in this respect.

I/We wish to :

(Please tick () where applicable:-

() apply for a Certified True Copy of the Certificate of Insurance

() cancel the above policy with effect from _____

(Submit together with Sales Agreement)

Date: _____

Signature of Insured/ Co Stamp