Lost Certificate Declaration

Form of Application for Replacement of Lost or destroyed Certificate of Insurance

Policyholder

Name:

Policy Number:

Address:

Declaration

In pursuance of Article 7 of the Road Traffic (Compulsory Insurance) Regulations 1962. I, being the person to whom the Certificate of Insurance described below was issued, declare that the said Certificate has been lost/destroyed under the following circumstances:–

Signature of Insured: ✗ Date: ✗ / /

Please return to: Allianz, Direct Division, P.O. Box 48 48, Freepost, Dublin 4.
This address may be used on any envelope. It's free and ensures delivery directly to our Customer Services Staff
Telephone: 1850 48 48 48 Fax: 01-660 5214

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