

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: X _____ Date: X ____ / ____ / ____

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: 1890 48 48 48 Fax: 01-660 9453