

To : **MSIG Insurance (Singapore) Pte. Ltd.**
No. 4 Shenton Way #21-01 SGX Centre 2
Singapore 068807

DECLARATION OF LOSS OF MOTOR INSURANCE CERTIFICATE

Policy No. : _____ Insured : <Name of Policyholder>

Address : _____

Vehicle No : _____ Expire Date : <Policy expiry date>

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

I/We further assume responsibility for any claims or dispute arising out of the lost of the Certificate of Insurance and undertake to indemnify the corporation in this respect.

I/We wish to cancel the above policy with effect from <which date>

Signature of Insured/Company's stamp

Date

I/C Number