

Suite 2, Colonial Hill Plaza
#72 University Drive
P.O. Box GT-2174
Nassau, Bahamas



Don't take a chance.
Put it in our hands.

LOST CERTIFICATE OF MOTOR INSURANCE DECLARATION

Insured: _____

Policy No: _____

Vehicle Description: _____

Serial No: _____

Period: _____

Insurer: _____

I, _____, being the Insured Person to whom the above-described Certificate of Motor Insurance was issued to, in accordance with THE ROAD TRAFFIC ACT 1958, hereby declare that to the best of my knowledge and belief the said Certificate of Motor Insurance has been lost or destroyed.

Client Signature: _____

Date: _____



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