

TO:

**SOMPO INSURANCE SINGAPORE PTE. LTD.**

50 Raffles Place #05-01/06, Singapore Land Tower, Singapore 048623  
Company Registration No. 198905490E

**DECLARATION OF LOSS CERTIFICATE**

Policy No.: _____	Vehicle No.: _____
Policyholder's Name: _____	
Period of Insurance: From _____ to _____ inclusive.	

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

I further assume full responsibility for any claim or claims or dispute arising out of the loss of the Certificate and undertake to indemnify **Sompo Insurance Singapore Pte. Ltd.** for any loss, expenses, damages that may be incurred by them.

With this declaration, I request: *(Please tick one)*

To cancel the above policy\*  
*\* Cancellation date is based on date of sale as indicated in the Sales invoice; or the date this declaration is received by Sompo Insurance Singapore Pte. Ltd. if no supporting document is attached.*

Request to reprint and mail the Certificate of Insurance.

Signature of Insured/Company's Stamp\* \_\_\_\_\_

Date: \_\_\_\_\_

NRIC No.: \_\_\_\_\_

\*Applicable if insured is a Company