

TO:-

Tenet Somo Insurance 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: _____
Insured'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 **Tenet Somo Insurance 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 Tenet Somo Insurance Pte. Ltd. if no supporting document is attached.*

To re-print the Certificate of Insurance and send to me.

Signature of Insured/Company's Stamp* _____

Date: _____

NRIC No: _____

*Applicable if insured is a Company