

MelitaUnipol Insurance Agency Ltd

17 Market Street Floriana FRN1081

Tel: 22067000, 21236363 Fax: 21241954, 22067133

TO WHOM IT MAY CONCERN

DATE: _____

POLICY NUMBER: _____

I, the undersigned holder of I.D. Card No. _____ owner of vehicle with registration no. _____ hereby declare and confirm that Motor Insurance Certificate no.: _____ has been **lost/destroyed**.

Signature of **Policy Holder:** _____

Name in blocks: _____

I.D. number: _____

Signature of **Witness:** _____

Name in blocks: _____

I.D. number: _____