Declaration of loss of insurance policy letter

For policy no.		
	1st Policyholder	☐ legal entity/pledgee
Name/First name/Company		
Address/ZIP code/Country		
Date of birth/Incorporation date		
Telephone number		
E-mail ☐ none		
Legal representative		
	2nd Policyholder	☐ legal entity/pledgee
Name/First name/Company		
Address/ZIP code/Country		
Date of birth/Incorporation date		
Telephone number		
E-mail ☐ none		
Legal representative		

The policyholder hereby confirms that the original insurance policy with the above policy number has been lost and applies for a duplicate.

In case the insurance contract has been pledged, assigned, subject to an irrevocable right to the insurance benefits or another right of third parties, the signature of the pledgee or assignee is mandatory.

Signature of the policyholder (handwritten signature required)

Place, Date

1st and 2nd Policyholder/Legal representative

Signature of pledgee (if the policy is pledged), (handwritten signature required)

Place, Date

Pledgee

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