Lay up policy request

Please complete all sections on this form.



Personal details

| Ьu | Ill name & title (Mr/Mrs/Miss/Ms) |
|-----|---|
| Ро | ostal Address: |
| | |
| Ро | olicy number: Client reference: |
| Re | equest to lay up your policy |
| De | ear Customer |
| Ρle | ease complete the following steps to enable us to proceed with the laying up of your policy. |
| 1) | Please complete, sign and return the section below and return to our cavan office. |
| 2) | Return your original current Certificate of Insurance and Insurance Disc. If you have lost this document please complete the enclosed Lost Certificate Declaration form. We are unable to proceed with your request until such time as we are in receipt of the above document. |
| | nould you have any queries in relation to your policy, please call our private motor department or email us at info@libertyinsurance.le please quote the above policy number on correspondence. Once again thank you for choosing liberty insurance, we look forward to being of continued service to you. |
| Те | erms and conditions |
| 1) | Any refund due as a result of this policy amendment will be calculated at the end of the laid-up period and is subject to no claims having arisen, or no claims currently being dealt with. |
| 2) | Direct debit instalments will continue to be collected and may then be refunded at the end of the laid-up period. |
| 3) | We do not charge or refund any amount which is less than €30. |
| 4) | If the laid-up period reaches your policy renewal date, full cover on the vehicle will automatically resume on this date. |
| 5) | The policy cannot be laid-up until I return my Certificate of Insurance and Insurance Disc or a completed and signed Lost Certificate Declaration form. |
| Ιh | nave read the terms above and agree to them. I instruct Liberty Insurance to lay-up my policy effective from AM/PM on// |
| Th | ne reason for the lay-up is: |
| | |
| Po | Nicyholders signature: |

Lost Certificate and Disc declaration

Please complete all sections on this form.



| Policy number: | Date:/ | |
|--|--|--|
| How to complete this form: | | |
| fill in section one if your Certificate of Insurance has been lost or destroyed | | |
| fill in section two if your Insurance Disc has been lost or destroyed | | |
| fill in section one and two if both your Certificate of Insurance and Disc have | been lost or destroyed | |
| Section 1: Lost or destroyed Certificate of Insurance (ROAD TRAFFIC To Liberty Insurance In pursuance of Article 7 if the road traffic (compulsory insurance) regulations 1963 being | ACT 1961) g the person to whom the Certificate of Insurance described below was issued, hereby apply to | |
| you for a new Certificate of Insurance and I declare that the said certificate has been lost or destroyed under the following circumstances; (insert a short statement of the circumstances and date on which the certificate is alleged to have been lost or destroyed) | | |
| | | |
| Signed: | Date: / / | |
| Postal Address: | | |
| | Registration Number: | |
| Section 2: Lost or destroyed Insurance Disc (ROAD TRAFFIC ACT 196 | | |
| To Liberty Insurance In pursuance of Article 7 if the road traffic (compulsory insurance) regulations 1963. | the person to whom the Insurance Disc described below was issued, hereby apply to you for der the following circumstances; | |
| | | |
| Signed: | Date:/ | |
| Postal Address: | | |
| | | |

Please return to: Liberty Insurance, Dublin Road, Cavan, Co. Cavan, Rep.Ireland

Registration Number: