

Policy Holder Name:	Policy Holder Address:
H&R Reference No.	_____
Policy No.	_____

Please complete the following steps to enable us to proceed with the cancellation of your policy.

1. Please complete and sign Section 4 and return this form to our Aberdeen Office.
2. Please return your original current Certificate of Motor Insurance.
3. A Lost Certificate Declaration is included (Section 5), should this be required.

Your monthly instalments will continue to be payable until such times as we receive your complete instructions.

We will confirm receipt of your complete cancellation instructions as soon as they have been received. Unless cancellation is requested for a forward date, the policy will be cancelled from the date on which we receive your written instructions along with your Certificate of Insurance / current Covernote or Lost Certificate Declaration.

4. I hereby request that you cancel the above numbered policy on the date shown below and I now enclose the items that have been ticked below.

Cancellation Date (for future cancellations only)

Due to the requirements of the Motor Insurers Database, we cannot backdate cancellation. Your policy will not be cancelled until we are in receipt of either your Certificate of Insurance or your Covernote. If you cannot find the relevant document please complete and return the Lost Certificate Declaration (Section 5).

Reason for Cancellation

Please note that if you have made a FAULT CLAIM in the current period of Insurance, the Insurer in most cases will not give a return of premium for the unexpired portion of this policy. If your premium is being paid by instalments, then all outstanding instalments will be due for payment.

Please tick one of the boxes shown below:

Covernote attached

I am aware that there will be a cancellation charge of £30.00 if I cancel my policy.

Certificate of Insurance attached

Lost Certificate Declaration attached

If there is a return of premium due, please indicate how you wish payment to be made:

Refunded to Original Payment Card

Cheque

Signature of Policyholder _____

Date ____ / ____ / ____

Daytime Telephone Number of Policyholder _____

You MUST include a daytime contact number of avoid any delays in processing your request.

Please turn over for Lost Certificate Declaration Form and Important Note



Please return to:
H&R House, Woodburn Road, Blackburn, Aberdeen, AB21 0PS

Calls will be recorded for training and monitoring purposes

Authorised and regulated by the Financial Services Authority

telephone enquiries: Tel. 01224 848382 Fax. 01224 848282
internet: www.hrinsurance.co.uk
telephone lines: 9.00am – 7.45pm Mon-Fri
Office hours: 9.00am – 5.30pm Mon-Fri
e-mail address: admin@hrinsure.co.uk

CANC.REQ(web) 05.10

5.

LOST CERTIFICATE DECLARATION

Policy No.

Policyholder Name:

Vehicle Registration Number:

I hereby declare that the Certificate of Motor Insurance issued to me in respect of the above vehicle has been:

Lost

Mislaidd

Destroyed

Never Received

* Please TICK the appropriate box

In the event of this document being found, I undertake to return it immediately.

Signature of Policyholder _____ Date ____ / ____ / ____

IMPORTANT

YOUR POLICY WILL NOT BE CANCELLED UNTIL WE RECEIVE YOUR WRITTEN INSTRUCTIONS AND YOUR CERTIFICATE OF INSURANCE / CURRENT COVERNOTE OR SIGNED LOST CERTIFICATE DECLARATION (MUST BE SIGNED BY THE POLICYHOLDER). WE CANNOT BACK-DATE THE CANCELLATION OF ANY POLICY.

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CANC.REQ(web) 05.10