

Indemnity Bond for Loss of Policy Document

(TO BE EXECUTED ON NON JUDICIAL STAMP PAPER OF RS. 500/-)

***Issuance of Duplicate Policy Document for policy no._____.**

***Indemnity to consider surrender request in the absence of original policy contract for policy no._____.**

1. I/We, _____ residing at (address) _____
 _____ am the Policyholder(s) of Policy no. _____ issued by IndiaFirst Life Insurance Company Limited (hereinafter referred to as the Company).

2. I/We have lost the Original Policy Document issued by the Company on the life of (Name(s) of the Life Assured) _____
 _____. The Policy was effective from (Inception date) _____ for a sum assured of _____
 _____. The Original Policy Document has been lost on/around (mention the date of loss) _____.

3. I/We confirm that I/We have not assigned, pledged or in any way disposed of or dealt with the said Policy nor have I/We created any pledge or encumbrance on the said Policy.

4. I/We agree that the Duplicate Policy Document will cancel the Original Policy Document and the Original Policy Document if found later will not be considered for the payment of benefits. The benefits will be payable on production of the Duplicate Policy Document only once the duplicate Policy is issued.

Now I/We in consideration of the above request you to please:

Issue me/us a duplicate copy of the policy document

OR

Wish to surrender the said policy no _____, and request the company to waive the requirement of submitting original policy document to process the said surrender request.

I hereby covenant with the Company, its successors and administrators at all times save, defend, indemnify and hold harmless the Company, its successors and assigns and the Directors and Managers thereof and their respective heirs, executors and administrators from and against all actions, causes, suits, proceedings, claims and demands whatsoever on account of misuse, fraud of any kind on the original Policy Document lost by me and against all damages, costs, charges, expenses and sums of money incurred in respect thereof or/and I, the Policyholder undertake on demand by the Company to return and deliver to the Company the Original Policy Document if and when found/received by me in future.

I hereby agree to the condition that of the Original Policy Document is found or received at a later date by either me or the Company, then the same will be cancelled by Company and will be deemed as null & void by the Company. I also confirm that I have not assigned, pledged or in any way disposed of or dealt with the said policy nor have created any pledge or encumbrance on the said policy.

I further declare and agree that on receipt of duplicate policy I will not apply for cancellation of this policy under free look clause. I also undertake that I will not raise any legal dispute whatsoever regarding non availability of Free Look Cancellation option under the duplicate policy.

I/We know that relying on representation herein above made by me/us and believing the same to be true, the Company may accept the surrender/duplicate policy document request.

Dated this _____ day of _____ 20 ____

Signature of Policyholder / Assignee / Trustee: _____

Name of Policyholder / Assignee / Trustee: _____

Address: _____

VERNACULAR DECLARATION (to be filled if the policyholder is illiterate/signed in a Vernacular language) :

I do hereby state that I have read out and explained the contents of the this document to the policyholder in _____ language and he/she have understood the same. I declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief. The policyholder has signed /affixed the thumb impression after fully understanding the contents thereof.

Name of the Declarant : _____ Signature: X _____ Relation with the Policyholder _____

Address of the Declarant : _____ Contact No.: _____

I hereby certify that the contents of the this document have been clearly explained to me and I have fully understood them. I further certify that the answers recorded in the form are as per the information provided by me.

X _____

Signature/Thumb impression

Note: The Declarant identity should be easily established and he/she should not be connected to insurer in any capacity.