

## 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/We hereby agree that the Company, director and other officers of the company will be against and not liable for all proceedings, cost, claims, liabilities and expenses whatsoever, which may be taken or made against or incurred by the Company or any of the directors and other officers of the Company in consequence of the original policy contract received/found at any time in future.

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: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Name of Witness: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_