

(TO BE EXECUTED ON NON JUDICIAL STAMPED PAPER AS APPLICABLE STATE WISE)

INDEMNITY (For loss of policy document)

FUTURE GENERALI INDIA LIFE INSURANCE COMPANY LIMITED

WHEREAS

1. I/We, _____ aged ____ years and at present residing _____ at _____

_____ had applied for an Insurance Policy on the life of _____ for a Sum Assured of _____ by filing a proposal with Future Generali India Life Insurance Company Limited (hereinafter referred to as Company) and the Company issued a policy bearing no _____.

2. I/We have lost the policy documents of said policy no _____. The insurance policy was delivered on or about (Date of delivery) _____. The insurance policy document has been noted as lost on / around (Date of Loss) _____, the cause of loss being _____ (Brief description of the nature of loss). A complaint has been lodged with _____ Police Station vide Daily Diary Reference No. _____ / First Information Report No. _____ dated _____ (If applicable).

3. I/We, having lost the Policy document sent by the Company have requested the Company to issue a Duplicate Policy document I/We have been required by the Company to file an Indemnity with the Company.

4. I/We do hereby agree to indemnify and keep indemnified the Company against any loss, costs, charges and expenses that the Company may suffer or incur on account of any claim being made by any other person claiming on the basis of possession of the said insurance policy or otherwise and the Company being required to make payment of the amount under the said policy to such person.

5. I/We hereby confirm the mentioned policy is not assigned to any financial institution(s).

6. I/We agree to pay the policy preparation / stamp duty charges / or any other charges as specified by the Company from time to time.

7. I/We undertake that in the event of the original insurance policy being found the same will be returned to the Company forthwith.

Dated at: _____, this _____ Day of _____, _____

Signature of the Policy Holder: _____

Signature of the Policy Holder: _____
(2nd Policy Holder incase of Joint Life)

Witness Details:-

Name: _____ Address: _____ Signature: _____

Name: _____ Address: _____ Signature: _____

Note: This document need to be notorised.