

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

**INDEMNITY (For loss of policy document)**

**HDFC STANDARD LIFE INSURANCE COMPANY LIMITED**

**WHEREAS**

1. I/We, \_\_\_\_\_ aged \_\_\_\_\_ years  
and at present residing at (address) \_\_\_\_\_

\_\_\_\_\_ have applied for an Insurance Policy by filing a proposal dated \_\_\_\_\_ with HDFC Standard Life Insurance Company Limited (hereinafter referred to as Insurance Company).

2. I/We have lost the original policy documents of the insurance policy no. \_\_\_\_\_, issued by the Insurance Company on the life of (Name of the Life Assured) \_\_\_\_\_  
The policy was effective from (Inception date) \_\_\_\_\_ for a sum assured of Rs. \_\_\_\_\_. The Insurance policy was delivered on or about (mention date of delivery) \_\_\_\_\_. The insurance policy document has been noted as lost on/around (mention the date of loss) \_\_\_\_\_.

3. I/We, having lost the Policy Document sent by the Insurance Company have requested the Insurance Company Limited to issue a Duplicate Policy Document for our insurance policy \_\_\_\_\_ with the insurance company, and we have been required by the Insurance Company to file an Indemnity with the Insurance Company.

**NOW THEREFORE, IN CONSIDERATION OF THE INSURANCE COMPANY CREATING A DUPLICATE POLICY DOCUMENT FOR OUR POLICY NUMBER \_\_\_\_\_.**

I/We do hereby jointly and severally covenant with the company, its successors and administrators respectively, that I/We shall at all times and from to time save, defend and keep harmless and indemnified the company, its successors and assigns and the Directors and Managers thereof and their respective heirs, executors and administrators and each of their estates and effects from and against all actions, causes, suits, proceedings, accounts, claims and demands whatsoever on account of misuse, fraud of any kind on the Original Policy lost by us and against all damages, costs, charges, expenses and sums of money incurred in respect thereof or and I/We, the policyholder/s undertake on demand by the company to return and deliver such to the insurance company the original Policy when found by us in future.

Signature of the Policy holder: \_\_\_\_\_ Place: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the Policy holder: \_\_\_\_\_ Place: \_\_\_\_\_ Date: \_\_\_\_\_  
(2<sup>nd</sup> policy holder incase of joint life)

**Witness Details:**

(2 witnesses required. The witnesses have to be other than staff/agent of HDFC Standard Life Insurance Co.)

Sr.	Name	Address	Signature
1			
2			

**To be sworn before a First Class Magistrate or a Notary Public or an Oath Commissioner**

**AFFIDAVIT (For loss of policy document)**

I/We, \_\_\_\_\_ aged \_\_\_\_\_ years  
and at present residing at (address) \_\_\_\_\_  
\_\_\_\_\_

Do here by solemnly state and affirm as under:

1. That I/We, had applied for an insurance policy with the HDFC Standard Life Insurance Company Limited for a (mention the plan opted for) \_\_\_\_\_  
for a sum assured of Rs. \_\_\_\_\_/-

2. That in response to our proposal, the Policy Documents for the insurance policy no. \_\_\_\_\_ on the life of (Name of the Life Assured) \_\_\_\_\_.  
The policy was effective from (inception date) \_\_\_\_\_ for a sum assured of Rs. \_\_\_\_\_ and delivered on or about (delivery date) \_\_\_\_\_.

3. I/We noted the loss of the insurance policy document on or about (Mention the date of loss) \_\_\_\_\_.(mention the reason of loss) \_\_\_\_\_  
and the same is now not traceable.

4. That I/We have not assigned, pledged or in anyway disposed of or dealt with the said Policy nor have I/We created any pledge or encumbrance on the said Policy.

5. That I am/we are affirming this affidavit solemnly saying that all the averments given by us in the above mentioned clauses are true to the best of our knowledge and none of the facts pertaining to the policy no. \_\_\_\_\_ as mentioned above are false or concealed and this affirmation is made knowing fully well that on the strength thereof the said Insurance Company shall issue us the Duplicate Policy without production of the said Original Policy.

Signature of the Policy holder: \_\_\_\_\_ Place: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the Policy holder: \_\_\_\_\_ Place: \_\_\_\_\_ Date: \_\_\_\_\_  
(2<sup>nd</sup> policy holder incase of joint life)

**Witness Details:** (other than staff/agent of HDFC Standard Life Insurance Co.)

Name	Address	Signature

Declaration to be made by a third person where:

- The life assured has affixed his/her thumb impression; OR
- The life assured has signed in vernacular; OR
- The life assured has not filled the application.

I hereby declare that I have explained the contents of this application form to the life to be assured in \_\_\_\_\_ language and have truthfully recorded the answers provided to me. I further declare that the life to be assured has signed/affixed his/her thumb impression in my presence

Declarant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Declarant's Address: \_\_\_\_\_  
\_\_\_\_\_