

Indemnity Bond for loss of policy no. \_\_\_\_\_

**BIRLA SUN LIFE INSURANCE COMPANY LIMITED**

[On a Rs 200/- Stamp paper]

WHEREAS :

An Insurance Policy numbered \_\_\_\_\_ on the life of \_\_\_\_\_ (Name of the Life Insured) was issued to \_\_\_\_\_ (Name of Policyholder) by BIRLA SUN LIFE INSURANCE COMPANY LIMITED (“the Company”);

The Policyholder has reported that the said policy has been lost / misplaced / destroyed / mutilated and has not been mortgaged or pledged or otherwise dealt with in a like manner and has agreed to return to the Company the original Policy, if it is recovered subsequently;

At the request of the Policyholder for the issue of a duplicate of the said policy, the Company has, on the above premises, agreed to issue a duplicate policy on his entering into a Covenant of the nature hereinafter appearing ;

NOW in pursuance of the said agreement, the said \_\_\_\_\_ (Name of Policyholder) do hereby for himself, his heirs, executors or administrators Covenant with the Company, its successors and assigns that they the said \_\_\_\_\_ (Name of the Policyholder) administrators will from time to time and at all times save and keep harmless and indemnified the Company, its successors and assigns of and from all actions, suits, costs, claims and demands of whatever nature and kind so ever which may be instituted, preferred, claimed or made against the Company, its successors or assigns by any person or persons by reason of his, her or their possession of or right to the said original Policy No \_\_\_\_\_ and by reason of anything in relation to the premises.

Signed by the said:

1) \_\_\_\_\_  
(name of policyholder)

2) \_\_\_\_\_  
(signature of policyholder)

Place :

Date :

in the presence of :-

**WITNESSES :**

Full signature of Witness \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

[ Please note :- The said document is required to be notarised ]

