SRF035924051716   Comp/May/Int/4762		
Indemnity-Loss/Non-receipt ( Policy Document	For office use only:  Branch: Received at branch on: Received by: Interaction ID:	HDFO Life Sarutha ke jiyo
Loss of Policy Document Non-receipt of Document		
Policy Number:	E-Insurance Account No.:	(For demat customers only)
Details of the Policyholder:		(For definite customers only)
Name of the Policyholder:		
policy no(hereinafter referred to as "	years and at present residing at (address) am / ar 'Original Policy Document") issued by HDFC Life Insurance Company Limited (h	
Company").  The Company has informed that the Original Policy Document he.	aring policy no had been forwarded to my/our address and the same	has been delivered to me/us
3. I/We wish to inform the Company that I/we have lost the Original	Policy Document issued by the Company hence request for a duplicate <b>OR</b> I/w verification by the Company of such non-receipt of policy by me/us).	
3 3	s found or received at a later date by either me/ us or the Company, then the sar confirm that I/we have not assigned, pledged or in any way disposed of or deal	• •
harmless the Company, its successors and assigns and the Direction and effects from and against all actions, causes, suits, proceeding Document lost by me/us and against all damages, costs, charge	, its successors and administrators respectively; that I/we shall at all times sav ors and Managers thereof and their respective heirs, executors and administra gs, accounts, claims and demands whatsoever on account of misuse, fraud of es, expenses and sums of money incurred in respect thereof or and I/we, the le Original Policy Document if and when found/received by me/us in future.	ators and each of their estates any kind on the Original Policy
Date:DD/MM/YYYY Place:	Date:	SIGN HERE
Signature of Policyholder 1	5	Signature of Policyholder 2 (In case of Joint Life)
Witness Details(Applicable for Loss/Non-receipt of Policy Docui	ment):	
The witness has to be other than staff/agent of HDFC Life Insurance	ce Company Limited.	

The Policyholder has affixed his/her thumb impression/has signed in vernacular/has not filled the application. I hereby declare that the content of this application form has been explained to the Policyholder in \_\_\_\_\_\_ language and have truthfully recorded the answers provided to me. I further declare that the Policyholder has signed/affixed his/her thumb impression in my presence.

Name of the Declarant: \_\_\_\_\_ SIGN HERE

Date: \_\_\_\_DD/MM/YYYY Place: \_\_\_\_\_ Signature of Third Person

HDFC Life Insurance Company Limited (HDFC Life). CIN: L65110MH2000PLC128245. IRDAI Registration No.101.

Declaration made by third person where the Policyholder has affixed his/her thumb impression/has signed in vernacular:

Regd. Office: 13th Floor, Lodha Excelus, Apollo Mills Compound, N. M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

Customer Acknowledgement Copy- Indemnity-Loss/Non-receipt of Policy Document

Policy No.: \_\_\_\_\_

Customer Relations Officer: \_\_\_\_\_\_ Date: \_\_\_\_\_DD/MM/YYYY \_\_\_\_ Time: \_\_\_\_\_

Branch Stamn