

# Indemnity Bond

Policy no.: \_\_\_\_\_ LAN: \_\_\_\_\_

Member no.: \_\_\_\_\_

## Details of Policyholder/Life Assured

(To be stamped on Rs 500 stamp paper)

Whereas, "HDFC Life Insurance Company Limited", having its registered office at 13th Floor, Lodha Excelus, Apollo Mills Compound, N. M. Joshi Marg, Mahalaxmi, Mumbai - 400011, (herein after referred to as the "Company") has issued policy numbered \_\_\_\_\_ ("Policy") on the life of Mr./Mrs./Ms. \_\_\_\_\_ (hereinafter referred to as the "Life Assured").

## Details of Claimant

The Life Assured, Mr./Mrs./Ms. \_\_\_\_\_ having died on \_\_\_\_\_, the benefits under the policy have become due and payable; There is no nomination/assignment subsisting on the policy subsisting as on the date of death of the Life Assured and Mr./Mrs./Ms. \_\_\_\_\_ (hereinafter referred to as the "Claimant") has represented to the Company that the Life Assured has left no will and had no other property requiring production of any legal evidence of title such as Succession Certificate or Letters of Administration to the estate of the deceased and that he/she being the \_\_\_\_\_ (state the relationship to the Life Assured) of the Life Assured is the legal heir of the deceased Life Assured and that the monies secured by the said policy amounting to INR \_\_\_\_\_ (Rupees \_\_\_\_\_) only be paid to him/ her on execution of this Indemnity Bond along with a surety of sound financial means.

## Declaration

The Claimant[s] herein in advance acknowledge and declare the receipt of all the amounts due and payable under the above mentioned Policy towards the full and final settlement of the claim under the said Policy and declare that HDFC Life Insurance Company Ltd. is discharged of all its liabilities under the said Policy.

Pursuant to the Company having agreed to pay the amounts payable under the Policy to the Claimant, we, Mr./Mrs./Ms. \_\_\_\_\_ (the Claimant) and Mr./Mrs./Ms. \_\_\_\_\_

(the Surety) do hereby undertake to jointly and severally, indemnify by and keep indemnified the Company against any loss, damages, expenses (including but not limited to expenses of any litigation) or claims brought by or on our behalf of the Claimants or any third party by reason of the benefit under the Policy being paid to the Claimant as aforesaid.

Dated this \_\_\_\_\_ of 20\_\_\_\_

Date: DD/MM/YYYY

Place: \_\_\_\_\_

SIGN HERE

Signature of Claimant

Date: DD/MM/YYYY

Place: \_\_\_\_\_

SIGN HERE

Signature of Surety

## Details of Witness

Name of the Witness 1 : \_\_\_\_\_

Name of the Witness 2 : \_\_\_\_\_

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

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

Date: DD/MM/YYYY Place: \_\_\_\_\_

Date: DD/MM/YYYY Place: \_\_\_\_\_

SIGNHERE

Signature of Witness 1

SIGNHERE

Signature of Witness 2

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

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

For queries or more information, call us on **1860-267-9999** (Local charges apply) | **022-68446530** (STD charges apply). Available Mon-Sat from 10 am to 7 pm. DO NOT prefix any country code e.g. +91 or 00. | Email – [service@hdfclife.com](mailto:service@hdfclife.com) | [nriservice@hdfclife.com](mailto:nriservice@hdfclife.com) (For NRI customers only) Visit – [www.hdfclife.com](http://www.hdfclife.com)