

Indemnity-Loss/Non-receipt of Policy Document

For office use only:

Branch:
Received at branch on:
Received by:
Interaction ID:



Loss of Policy Document Non-receipt of Document

Policy Number:

E-Insurance Account No.:

(For demat customers only)

Details of the Policyholder:

Name of the Policyholder: _____

- I/We, _____ aged _____ years and at present residing at (address) _____ am / are the policyholder(s) under policy no. _____ (hereinafter referred to as "Original Policy Document") issued by HDFC Life Insurance Company Limited (hereinafter referred to as "the Company").
- The Company has informed that the Original Policy Document bearing policy no. _____ had been forwarded to my/our address and the same has been delivered to me/us.
- 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 **OR** I/we have not received the policy, and hence request the Company to reissue the policy (subject to verification by the Company of such non-receipt of policy by me/us).
- I/We agree to the condition that if the Original Policy Document is found or received at a later date by either me/ us or the Company, then the same will be cancelled by Company and will be deemed as null & void by the Company. I/We also confirm that I/we have not assigned, pledged or in any way disposed of or dealt with the said policy nor have I/we created any pledge or encumbrance on the said policy.
- I/We do hereby jointly and severally covenant with the Company, its successors and administrators respectively; that I/we shall at all times save, defend, indemnify and hold harmless 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 Document lost by me/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 to the Company the Original Policy Document if and when found/received by me/us in future.

Date: DD/MM/YYYY

SIGN HERE

Place: _____

Signature of Policyholder 1

Date: DD/MM/YYYY

SIGN HERE

Place: _____

Signature of Policyholder 2
(In case of Joint Life)

Witness Details(Applicable for Loss/Non-receipt of Policy Document) :

The witness has to be other than staff/agent of HDFC Life Insurance Company Limited.

Name	Address	Signature

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

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: _____

Date: DD/MM/YYYY Place: _____

Address: _____

SIGN HERE

Signature of Third Person

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

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 Stamp

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

Call 1860-267-9999 (local charges apply). DO NOT prefix any country code e.g. +91 or 00. Available Mon-Sat from 10 am to 7 pm | Email – service@hdfclife.com | nriservice@hdfclife.com
(For NRI customers only) Visit – www.hdfclife.com.