

## Lost policy Bond of indemnity (If lost by the agent)

(To be stamped and notarized)

### DEED OF INDEMNITY

THIS DEED OF INDEMNITY is made at \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_, 200\_\_, between \_\_\_\_\_, son of \_\_\_\_\_, residing at \_\_\_\_\_, and currently an insurance agent for Max Life Insurance Company Limited (hereinafter called the "Agent") AND Max Life Insurance Company Limited, a company carrying on life insurance business in India and having its registered office at Max House, 1 Dr. Jha Marg, Okhla, New Delhi 110020 and an office in Mumbai at \_\_\_\_\_ (hereinafter called the "Company", which expression shall include its successors and assigns).

Whereas:

1. The Agent has misplaced and lost the original Life Insurance Policy No. \_\_\_\_\_ dated \_\_\_\_\_ ("Document") issued by the Company to \_\_\_\_\_ ("Policy Holder"), in the course of delivering the Document to the Policy Holder;
2. The Agent undertakes that the Agent shall endeavor to the best of the Agent's ability to retrieve the Document and return the same to the Company;
3. The Agent agrees to keep the Company indemnified against the consequences of loss of the Document including any misuse of the Document lost by the Agent.

NOW THIS DEED WITNESSESS that the Agent shall keep the Company fully indemnified, saved and held harmless, at all times, from and against any and all loss, outgoings, damages, costs and consequences incurred and/or suffered by the Company, including any legal costs and lawyers' fees incurred by the Company in defending and/or protecting itself, for and/or on account of the Agent having misplaced and lost the Document, and by reason of any claims whatsoever that may be made for and/or on account of and/or on the strength or basis of the Document, and/or by reason of any misuse of any nature or manner of the Document by anybody whomsoever.

IN WITNESS WHEREOF, \_\_\_\_\_, the Agent, has signed this Deed of Indemnity at the place and on the date first abovementioned.

\_\_\_\_\_  
(Agent's Signature)

\_\_\_\_\_  
(Agent's Name)

Version 1.1

### Lost policy affidavit (If lost by the customer)

(To be stamped and notarized)

#### AFFIDAVIT

I, \_\_\_\_\_, son of/ daughter of/ wife of \_\_\_\_\_ solemnly state and affirm as follows:

1. That pursuant to my Proposal No. \_\_\_\_\_ dated \_\_\_\_\_, for a \_\_\_\_\_ Policy of life insurance, Max Life Insurance Company Limited, a company carrying on life insurance business in India and having its registered office at Max House, 1 Dr. Jha Marg, Okhla, New Delhi 110020 and an office \_\_\_\_\_ at \_\_\_\_\_ (hereinafter called the "Company", which expression shall include its successors and assigns), issued Policy No. \_\_\_\_\_ to me ("Policy"), which I received;
2. That subsequent to receipt by me of the original Policy from the Company, I inadvertently misplaced the Policy and am unable to find the same. Accordingly, I have requested the Company to issue to me a copy of the Policy in lieu of the original of the Policy lost by me;
3. I declare and undertake that if the Company issues to me a copy of the Policy as requested by me, I shall immediately upon finding the original of the Policy return the same to the Company, without any delay and shall not deal with the original of the Policy in any manner whatsoever or seek that the Company deal with the original of the Policy in any manner. I agree that if on account of my negligence or delay in returning the original of the Policy to the Company after I find the same, I will not hold the Company responsible or liable in any manner for the consequences of my negligence or delay.
4. That all of the above is true and correct, and this Affidavit has been affirmed by me in the context of a request made by me to the Company for issue of a copy of the Policy in lieu of the original of the Policy lost by me.

Solemnly affirmed by the within named \_\_\_\_\_ at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 200\_ in the presence of:

Before me

\_\_\_\_\_  
(Policyholder's Signature)

\_\_\_\_\_  
(Policyholder's Name)