

**Annexure I**

**Duplicate Policy Questionnaire (to be completed by the Policy Holder / Assignee wherein the Policy Document has been misplaced or lost by them):**

Policy Number:

Full Name of the Policyholder:

Full Name of the Life Assured:

---

1. Under what circumstances was the policy was lost or misplaced ?
2. What efforts have been made to trace out the Policy?
3. Have you assigned the policy to any person, Bank, etc or dealt with the Policy in any other way? If so, give particulars thereof.
4. Did you / Proposer claim Surrender Value or Loan under this Policy earlier?

Date :

Place :

Signature of the witness:

Name of the Witness:

Address:

Signature of the Policy Holder/ Assignee:

*SBI Life Insurance Co. Ltd,*

*Corporate Office: "Natraj", M.V Road & Western Express Highway Junction, Andheri (East), Mumbai-400069  
Central Processing Center: Kapas Bhavan, Plot No.3A, Sector No.10, CBD Belapur, Navi Mumbai-400614*