

**INDEMNITY BOND FOR DUPLICATE POLICY ISSUANCE**

**Affix self attested  
photograph of  
Policy holder**

**SBI Life Insurance Company Limited**

TO ALL TO WHOM these present shall come

\_\_\_\_\_  
(Full name, address of the Policyholder, assignee & surety)

WHEREAS a policy of Insurance bearing Number \_\_\_\_\_

For Rs. \_\_\_\_\_ was granted by the SBI LIFE INSURANCE COMPANY LIMITED on the life of

\_\_\_\_\_ AND WHEREAS the said  
(Full Name of Life Assured)

Policy Document bearing No. \_\_\_\_\_ which was in the possession of \_\_\_\_\_

has been lost or misplaced AND WHEREAS the said Company has, on the undertaking of the said

\_\_\_\_\_  
(Name of Policyholder, Assignee & Surety)

to indemnify the said SBI LIFE INSURANCE CO LTD against all losses/damages/expenses/costs etc of  
whatsoever nature, has agreed to issue \_\_\_\_\_

(Name of Policy Holder)

the duplicate policy document for the said Policy/ies No. \_\_\_\_\_

NOW KNOW YE AND THESE PRESENT WITNESS that in pursuance of the said agreement and in consideration of the said Company, SBI LIFE INSURANCE CO LTD having at before the execution of these presents agreed to issue the said duplicate policy/ies.

\_\_\_\_\_ To the said \_\_\_\_\_  
(Name of policyholder)

\_\_\_\_\_ they the said \_\_\_\_\_  
(Name of Policyholder, Assignee & Surety)

\_\_\_\_\_ do hereby for themselves, their heirs , executor or administrators Covenant with said Company its successors and assigns that they the said \_\_\_\_\_  
(Name of Policyholder, Assignee and Surety)

\_\_\_\_\_ their heirs executors of administrators will from time to time and at all times save and keep harmless and indemnified the said Company, viz, SBI LIFE INSURANCE CO Ltd, its successor and from all action, suits, claims and demands of whatever nature and kind so ever which may be instituted, preferred ,claimed or made against the said SBI LIFE INSURANCE CO LTD, its successors of assigns by any person or and by reason of his, her or their possession of or right to the said original Policy No. \_\_\_\_\_

and by reason of anything in relation to the premises.

In WITNESS WHEREOF the said \_\_\_\_\_  
(Name of the Policyholder, Assignee and Surety)

Have hereunto to put their hands at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

1) \_\_\_\_\_  
(Name of the Policyholder)

2) \_\_\_\_\_  
(Name of assignee)

Signed and delivered by the said in the presence of: \_\_\_\_\_  
(Name of Surety)

**WITNESS**

1. Full Signature \_\_\_\_\_  
of witness \_\_\_\_\_  
Designation \_\_\_\_\_  
Address \_\_\_\_\_

1. \_\_\_\_\_  
(Assignees Signature)

2. Full Signature \_\_\_\_\_  
of witness \_\_\_\_\_  
Designation \_\_\_\_\_  
Address \_\_\_\_\_

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

3. Signature of the Surety  
Designation \_\_\_\_\_  
Address \_\_\_\_\_

3. Full Signature \_\_\_\_\_  
Of witness \_\_\_\_\_  
Designation \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Note: If this Bond is signed in any Regional Language one of the attesting witnesses should be requested to certify that the Contents of this Bond were explained to the Party in Regional Language before execution.