

**INDEMNITY BOND FOR PAYOUT WITHOUT ORIGINAL POLICY  
DOCUMENT**



**SBI Life Insurance Company Limited**

(To be stamped Rs. \_\_\_\_\_ of the Stamp Office or Collectors BEFORE EXECUTION or be copied out on non-Judicial Stamped paper of equal value.)

To all to whom these present shall come \_\_\_\_\_

\_\_\_\_\_ of  
(Names of all Payees & Surety)

\_\_\_\_\_  
(Residential address of Payee/s)

\_\_\_\_\_ whereas a Policy of Insurance  
Numbered \_\_\_\_\_ for Rs. \_\_\_\_\_ was granted on  
\_\_\_\_\_ by the SBI Life Insurance Company Limited, having its Central  
Processing Centre at \_\_\_\_\_ on the life of

\_\_\_\_\_  
(Name of Policyholder)

and WHEREAS \_\_\_\_\_ which was in  
(Policy No. or Assignment Deed Dated)

Possession of \_\_\_\_\_ has been lost or misplaced  
(Name of Policyholder)

and whereas the said Company SBI LIFE has on the said \_\_\_\_\_  
\_\_\_\_\_  
(Names of all Payees & Surety)

undertaking to enter into the said Company a covenant of the nature hereinafter appearing agreed to pay to the said \_\_\_\_\_  
(Name or Names of Payee/s)

\_\_\_\_\_ the value of the said Policy

viz. Rs. \_\_\_\_\_ now know ye and these presents witness that in pursuance of the said agreement and in consideration of the said Company having agreed to pay the value of the said

Policy to the said \_\_\_\_\_  
(Name or Names of Payee/s)

(The receipt whereof is hereby acknowledged) they the said \_\_\_\_\_  
(Name or Names of Payee/s & Surety)

their heirs, executors or administrators will from time to time and at all times save and keep harmless and indemnified the said Company SBI LIFE its successors and assignees of and from all actions, suits, costs claims and demands of whatever nature and kinds over which may be instituted, preferred claimed or made against the said Corporation, its successor or assignees by any persons or person by reason of his, her, their possession of or right to the said original

\_\_\_\_\_ [Pol. No. or Assignment Deed Dated]  
by reason of anything in relation to the premises.

In witness whereof the said \_\_\_\_\_  
(Names of Payee/s & Surety)

have hereunto put their hands at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signed and delivered by the said \_\_\_\_\_  
(Names of Payee/s & Surety)

In the presence of:

W I T N E S S E S	1) Full Signature of Witness: _____	1) _____ (Policy holder's Signature)
	Name of Witness 1: _____	
	Designation: _____	2) _____ (Assignee's Signature)
	Address: _____	
	2) Full Signature of Witness: _____	Signature of Surety: _____
	Name of Witness 2: _____	Name of Surety: _____
	Designation: _____	Address: _____
	Address: _____	

*Note: If this Bond is signed in Vernacular one of the attesting witnesses should be requested to certify that the contents of this Bond were explained to the party in vernacular before execution. Illiterate Persons must affix their thumb impression which should be attested by Magistrate S.E.M. A Gazetted officer, a Block Development Officer or Class 1 Officer of the Corporation Provided He is fully satisfied about the identity of the claimant*