Policy Lost Indemnity Bond

| < Date > | | | | |
|---|---|---|---------------------------------------|--------------------------|
| To, Tata AIA Life Insurance Co Ltd, | | | | |
| Dear Sir, | | | | |
| In consideration of your issuing to me/us at my bearing policy no dated _ | | | | olicy contract |
| I/We hereby agree to indemnify the company, claims, liabilities and expenses whatsoever, wh the directors and other officers of the Company contract as aforesaid or otherwise in the conse | nich may be taken or ma y inconsequence of the G | de against or incurre Company issuing to | ed by the Compan me/us the duplica | y or any of te policy |
| I/We declare that I/We have not assigned the | original policy contract. | | | |
| I/We know that relying of representation herei a duplicate. | n above made by me/us | and believing the s | ame to be true as | you will issue |
| Dated this day of | 20 | | | |
| Signature of Policy Owner/ Assignee/ Trustee: | | | | |
| Name of Policy Owner/ Assignee/ Trustee: | | | | |
| Address: | | | | |
| Contact Number | | | | |
| Occupation: | | | | |
| Signature of Witness: | | | | |
| Name of Witness: | | | | |
| Address: | | | | |
| Contact Number | | | | |