

INDEMNITY BOND CUM DISCHARGE

FOR LOSS OF POLICY BOND

(To be executed on a Non-Judicial Stamp Paper of the value of Rs. 500/- and Notarised)

This Indemnity Bond is made on this ____ day of _____ by Mr./Ms. _____ residing at _____.

WHEREAS

- 1) Policy bearing number _____ has been issued by Aditya Birla Sun Life Insurance Company Limited (hereinafter referred to as the "Company"/ "ABSLI") on the life of Mr. / Ms. _____ (hereinafter referred to as the "Life Assured"),
- 2) Mr / Ms. _____ had been nominated by the Life Assured to receive the benefits, in case of his prior death, as aforesaid.

AND WHEREAS,

- 1) It has been reported to the Company that the Life Assured has expired on _____
- 2) It has represented to the Company that the Original Policy bond bearing number _____ has been lost and in spite of due diligence the claimant has not been able to trace the same. That the Claimant further covenants that the policy has not been dealt with in any manner such as being mortgaged or pledged or in any other like manner and undertakes to return to the Company the Original bond of the said Policy if the same is recovered subsequently.
- 3) The Claimant has, in the circumstances, requested the Company to waive the production of the Original bond of the said Policy on his/her entering into a covenant of the nature hereinafter specified. This Indemnity Bond, would be treated akin to the Policy Bond and upon payment of the said policy monies, ABSLI would be discharged of all its liabilities under the said policy.
- 4) The Company on the above premises and, on the basis of his/her aforesaid representation and upon the claimant executing an indemnity Bond as set out hereinafter in favour of the Company has agreed to settle the claim in favour of the said Mr/Ms _____.
- 5) On receipt of the policy monies as per the policy contract, I/We hereby agree that I/We have received the claim amount as full and final settlement and I/We further discharge the Company/ ABSLI of all my/our claims and demands under the above mentioned Policy.

NOW THIS BOND WITNESSETH that pursuant to the premises aforesaid;

Mr./Ms. _____ residing at _____
(the "Indemnifier) for their heirs, Executors or administrators do hereby agree to indemnify and keep indemnified the Company , its successors and assigns of and from all or any losses, damages, costs, expenses, actions, suits and demands of whatever nature and kind so ever which may be instituted, preferred, claimed or made against the Company, its successors or assigns by any person or person making a claim to the Policy benefits that are being paid to me.

I further declare and submit that the contents of the indemnity bond cum discharge have been fully explained to me and I have understood the significance of the contents of the form.

IN WITNESS WHEREOF the said _____
(name of the Claimant) , residing at _____ has here unto put his/her hands at _____ this _____ day of _____ 20____.

In presence of

Full Signature/ Thumb Impression:-	Recent Stamp Size Photograph of the Claimant
Name of Claimant:-	
Identity Proof (Adhar/ PanCard/Pass port) _____ (Tick One and mention the Adhar/Pancard/Passport Number) (The Copy of the Identity Proof to attested by notary)	

Full Signature of Witness	Recent Stamp Size Photograph of the Witness
Name of Witness	
Relation with the Claimant _____ (Friend/Relative/Others) (Tick One if others please specify)	
Identity Proof (Adhar/ PanCard/ Pass port) _____ (Tick One and mention the Adhar/Pancard/Passport Number) (The Copy of the Identity Proof to be attested by notary)	