

INDEMNITY BOND CUM DISCHARGE

NO NOMINEE BEING APPOINTED

(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")

AND WHEREAS,

- 1) It has been reported to the Company that the Life Assured has expired on _____
- 2) That that there has been no subsisting nomination holding evidence of title to the Policy monies.
- 3) It has been represented to the Company by Mr. / Ms. _____ he/she/ they are the _____ and the only surviving legal heirs of the Life Assured **(to be modified in event of multiple legal heirs and where other legal heirs name is to be added)** entitled to the Policy monies upon the death of the Life Assured and that the Company be pleased to settle the claim in his/her/their favour in absence of any order/decreed from a competent Civil Court/ Authority to substantiate the same.
- 4) The Company on the above premises and, on the basis of his/her aforesaid representation and on his/her 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 hereby agree that I have received the claim amount as full and final settlement and I 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)	