

## Duplicate Policy Request Form

Policy Number:  /  /

Name of Policy Owner:

Name of Life Insured:

Address of Policy Owner:

### Details of Lost Document

How was the Policy Document lost?			
Probable place when the Policy Document was lost or misplaced:		Probable date when the Policy Document was lost or misplaced:	
Whether Policy Lost or misplaced is original / duplicate / copy of the Policy:		Whether the Policy was assigned:	

*The above details are true to the best of my knowledge and belief. Please issue me a duplicate Policy. I hereby agree to return the Policy Document which is presumed to have been lost or misplaced irrecoverably as and when traced and declare not to make any further claims thereunder in future.*

Signature of Policy Owner:

Date: