

**Indemnity Bond for loss of Original Policy Document**

I, \_\_\_\_\_ (*full name of the Policyholder*), aged \_\_\_\_\_ years, residing at \_\_\_\_\_  
\_\_\_\_\_ solemnly affirm and declare that:

I am the bonafide policyholder under the insurance policy no. .... issued by the Star Union Dai-ichi Life Insurance Company Ltd. (hereinafter referred to as 'the Company') to me on <<\_\_\_\_\_>>.

I hereby declare that I have lost the original policy document issued for policy number <<\_\_\_\_\_>> (hereinafter referred as the said policy) and I do not possess or hold a duplicate policy document for the said policy.

I further confirm that the I have not assigned, pledged or in any way disposed of or dealt with the said policy nor I have created any pledge on the said policy to any person including financial institution.

And as the original policy document has been lost by me, I undertake to return to the Company the Original Policy Document, if the same shall be found or traced at any time hereafter.

I do hereby undertake for myself, my heirs, executors or administrators covenant with the Company, its successors and assignees to keep the said Company, its successors and assignees indemnified from and against all actions, damages, losses, suits, costs, claims and demands of whatever nature and kind which may be instituted, preferred, claimed or made against the Company, its successors and assignees by any person or persons by reason of his/her or their possession of or right to the said policy and by the reason of anything in relation to the said policy.

I further declare that above statements and declaration are true and I have concealed nothing material or relevant to the matter.

Dated at \_\_\_\_\_ the \_\_\_\_\_ (day) of \_\_\_\_\_ 20\_\_\_\_.

.....  
Signature of the policyholder

Witnessed by:

Full Signature of the Witness: \_\_\_\_\_

Name of the Witness: \_\_\_\_\_

Address: \_\_\_\_\_