

SBI Life Insurance Company Limited

INDEMNITY BOND FOR CLAIM PAYOUT WITHOUT ORIGINAL POLICY DOCUMENT

(To be stamped _____ of the Stamp Office or Collectors BEFORE EXECUTION or be copied out on non-Judicial Stamped paper of equal value.)

To all to whom these present shall come _____

_____ of
(Names of Policy Holder or Claimants & Surety*)

(Residential address of Policy Holder or Claimants)

_____ Whereas a Policy of Insurance
Numbered _____ for Rs . _____ was granted on
_____ by the SBI Life Insurance Company Limited, having its Central
Processing Centre at _____ on the life of

(Name of Policyholder)

and WHEREAS _____ which was in
(Policy No. or Assignment Deed Dated)

Possession of _____ has been lost or misplaced
(Name of Policyholder or Claimant)

and whereas the said Company SBI LIFE has on the said _____

(Names of Policy Holder or Claimants & Surety*)

undertaking to enter into the said Company a covenant of the nature hereinafter appearing agreed to
pay to the said _____
(Names of Policy Holder or Claimants)

_____ the value of the said Policy

viz. Rs. _____ now know ye and these presents witness that in pursuance of the
said agreement and in consideration of the said Company having agreed to pay the value of the said
Policy to the said _____
(Names of Policy Holder or Claimants & Surety*)

SBI Life Insurance Company Limited

(The receipt whereof is hereby acknowledged) they the said _____

(Names of Policy Holder or Claimants & Surety*)

their heirs, executors or administrators will from time to time and at all times save and keep harmless and indemnified the said Company SBI LIFE its successors and assignees of and from all actions, suits, costs claims and demands of whatever nature and kinds over which may be instituted, preferred claimed or made against the said Company, its successor or assignees by any persons or person by reason of his, her, their possession of or right to the said original

[Policy No. or Assignment Deed Dated]

by reason of anything in relation to the premises.

In witness whereof the said _____

(Names of Policy Holder or Claimants & Surety*)

have hereunto put their hands at _____ this _____ day of _____ 20____

Signed and delivered by the said _____

(Names of Policy Holder or Claimants & Surety*)

In the Presence of:

1)Full Signature of Witness: _____ Designation: _____ Address: _____	Full Signature _____ Name of Policyholder/Claimant _____	Recent stamp size Photograph of Policyholder/ Claimant
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2)Full Signature of Witness: _____ Designation: _____ Address: _____	Full Signature _____ Name of Surety* _____	Recent stamp size Photograph of Surety *
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Note: If this Bond is signed in Vernacular one of the attesting witnesses should be requested to certify that the contents of this Bond were explained to the party in vernacular before execution. Illiterate Persons must affix their thumb impression which should be attested by Magistrate S.E.M. A Gazetted officer, a Block Development Officer or Class 1 Officer of the Corporation Provided He is fully satisfied about the identity of the claimant

*** If the net claim amount exceeds ₹ 5 lacs, then the document should be executed jointly by the Policyholder/Claimant and Surety**