

INDEMNITY BOND FOR DUPLICATE POLICY ISSUANCE

TO BE EXECUTED ON NON JUDICIAL STAMP PAPER AS APPLICABLE STATE WISE
INDEMNITY (For loss/ non receipt of Policy Document)

Affix self
attested
photograph of
Policy holder
or Assignee

TO ALL TO WHOM these present shall come

(Full name, address of the Policyholder/ Assignee & surety)

WHEREAS a policy of Insurance bearing Number _____

For Rs. _____ was granted by the SBI LIFE INSURANCE COMPANY LIMITED on the life of

(Full Name of the Life Assured) AND WHEREAS the said

Policy Document bearing No. _____ (Policy Number)

(strike off whichever is not applicable)

which was in the possession of Mr./Ms./Mrs. _____, has been lost /
misplaced/ damaged

has not been received by me

AND WHEREAS the said Company has, on the undertaking of the said _____

_____ (Name of Policyholder or Assignee) and _____

_____ (Name of the Surety)

to indemnify the said SBI LIFE INSURANCE CO LTD against all losses/damages/expenses/costs etc of
whatsoever nature, has agreed to issue _____

(Name of the Policyholder or Assignee)

the duplicate policy document for the said Policy No. _____

NOW KNOW YE AND THESE PRESENT WITNESS that in pursuance of the said agreement and in
consideration of the said Company, SBI LIFE INSURANCE CO LTD having at before the execution of these
presents agreed to issue the said duplicate policy No. _____ to the

said _____ (Name of the Policyholder)

they the said _____ (Name of Policyholder or Assignee)

and _____ (Name of the Surety)
do hereby for themselves, their heirs , executor or administrators Covenant with said Company its successors and assigns that they the said _____(Name of the Policyholder)
and _____(Name of the Surety) their heirs executors or administrators will from time to time and at all times save and keep harmless and indemnified the said Company, viz. SBI LIFE INSURANCE CO Ltd and its successor or assigns from all action, suits, claims and demands of whatever nature and kind whatsoever which may be instituted, preferred ,claimed or made against the said SBI LIFE INSURANCE CO LTD, its successors or assigns by any person or and by reason of his, her or their possession of or right to the said original Policy No. _____ and by reason of anything in relation to the premises.

In WITNESS WHEREOF the said _____(Name of Policyholder or Assignee)
and _____(Name of the Surety)

Have hereunto to put their hands at _____ this _____ day of _____ 20__

1. Name & Address of the Policyholder or Assignee

(Signature of the Policyholder or Assignee)

2. Name & Address of the Surety

(Signature of the Surety)

Signed and delivered by the said in the presence of

Name & Address of the witness

(Signature of the Witness)

Additional certification to be provided by the attesting witness if this Bond is signed in any language other than English or if the policyholder/Assignee/Surety is illiterate and has affixed his/her thumb impression

I certify that the contents of this Bond were explained to the party/ies in _____ language before execution and that they have affixed their Signature / Thumb impressions in my presence, after fully understanding the contents thereof.

(Signature of the Witness)