

Indemnity Bond.

Form No. 3757

LIFE INSURANCE CORPORATION OF INDIA

(To be stamped with Rs. _____ at the Stamp Office or Collector's Office BEFORE EXECUTION, or to be copied out on a non-judicial Stamped Paper of equal value.)

TO ALL TO WHOM these presents shall come

(Full names and addresses of the Policyholder, Assignee and Surety)

inhabitants send Greetings WHEREAS a Policy of Insurance Numbered _____ for Rs. _____ was granted on _____ by the _____

(Name of the Company/Society)

whose assets and liabilities the assets and liabilities of whose Controlled Business

have vested in the Life Insurance Corporation of India established by the Life Insurance Corporation Act, 1956 (hereinafter referred to as the Corporation), on the life of _____ (Full name of Assured)

AND WHEREAS the said Policy No. _____ which was in the possession of _____ has been lost or misplaced AND WHEREAS the said Corporation has on the said _____

(Names of Policyholder, Assignee and Surety)

undertaking to enter into with the said Corporation a Covenant of the nature hereinafter appearing agreed to issue to him the said _____ (Names of Policyholder)

the duplicate of the said Policy No. _____ NOW KNOW YE AND THESE PRESENTS WITNESS that in pursuance of the said agreement and in consideration of the said Corporation having at or before the execution of these presents agreed to issue the duplicate of the said Policy No. _____ to the said _____ they the said _____ (Name of Policyholder)

(Names of Policyholder, Assignee and Surety)

do hereby for themselves, their heirs, executors or administrators Covenant with the said/ Corporation, its successors and assigns that they the said _____
(Names of Policyholder, Assignee and Surety)

..... their heirs, executors or administrators will from time to time and at all times save and keep harmless and indemnified the said Corporation, its successors and assigns of and from all actions, suits, costs, claims and demands of whatever nature and kind so ever which may be instituted, preferred, claimed or made against the said Corporation, its successors or assigns by any person or persons by reason of his, her or their possession of or right to the said original Policies No. No..... and by reason of anything in relation to the premises.

IN WITNESS WHEREOF the said _____
(Names of Policyholder, Assignee and Surety)

have hereunto put their hands at this day of 19

Signed and delivered by the said (1)
(name of policyholder)
(2)
(name of Assignee)
(3)
(name of surety)

in the presence of :—

WITNESSES :

Full signature of Witness	1. (Policyholder's Signature)
Name	2. (Assignee's Signature)
Designation	3. Full signature of Witness
Address	Name
.....	Designation
Full signature of Witness	Address
Name
Designation	
Address	
.....	

Note : If this Bond is signed in any Regional Language one of the attesting witnesses should be requested to certify that the contents of this Bond were explained to the party in the Regional Language before execution.



ಭಾರತೀಯ ಜೀವನ ವಿಮಾ ನಿಗಮ
 भारतीय जीवन बीमा निगम
 LIFE INSURANCE CORPORATION OF INDIA
BANGALORE DIVISION - II

..... Branch

PLACE :

DATE

Ref.: PS/LOAN/S.V./ASSGT/CLAIMS

Re. Pol. No.

I

Son / Daughter of Shri

employed as

..... and holding Life Insurance Policy No.

..... issued by the Life Insurance Corporation of India have changed my signature and I am furnishing below specimens of my signature in different styles duly attested by the person in this behalf.

Address

Signature

.....

Full Name

.....

Mobile No.

E-mail ID

	Specimen Signature	
Old Style		New Style

1.

1.

2.

2.

3.

3.

(Office Seal or
 Rubber Stamp)

*Attested by

The specimen signature is to be attested by any one of the following :

- | | |
|---|--|
| 1. Employer (Official Superior) | 5. Block Development Officer |
| 2. Class I Officer of the Life Insurance Corporation of India | 6. Magistrate |
| 3. Development Officer of L.I.C. with three years standing | 7. Any other person who may be suggested by us in this behalf. |
| 4. Gazetted Officer / Manager of a Schedule Bank | |

LIFE INSURANCE CORPORATION OF INDIA
DIVISIONAL OFFICE : BANGALORE - II

BRANCH OFFICE =>

BRANCH CODE =>

DATE =>

LOSS OF POLICY BOND QUESTIONNAIRE

1. POLICY NUMBER :
 2. NAME OF THE LIFE ASSURED :
 3. ADDRESS OF THE LIFE ASSURED :
 4. PROBABLE DATE & PLACE WHEN THE POLICY WAS LOST OR MISPLACED :
 5. WHAT EFFORTS WERE MADE TO TRACE THE SAME
 1. POLICE COMPLAINT (F.I.R PARTICULARS):
 2. VERIFICATION OF BANKERS CUSTODY :
 3. ANY OTHER STEPS :
 6. WHETHER THE POLICY LOST OR MISPLACED WAS: ORIGINAL / DUPLICATE
 7. WHETHER THE POLICY WAS ASSIGNED OR DEALT IN ANY OTHER WAY OTHER THAN LOST OR MISPLACED :
 8. WHETHER THE POLICY HAS BEEN SUBMITTED TO LIC FOR THE PURPOSE OF RAISING LOAN, CLAIM, DISCOUNTED VALUE OR SURRENDER VALUE EFFECTING ALTERATION ETC., :
- IF YES, PLEASE STATE THE DATE OF SUBMISSION AND SEND US THE COPY OF ACKNOWLEDGEMENT BY THE OFFICE. :

I, HEREBY DECLARE THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND AGREE TO RETURN THE ORIGINAL POLICY IF AVAILABLE FOR CANCELLATION AND DECLARE NOT TO MAKE ANY CLAIM ON THE SAME.

DATED AT ON DAY OF 200 .

(SIGNATURE OF LIFE ASSURED).

WITNESS:

NAME:

DESIGNATION

& ADDRESS

LIFE INSURANCE CORPORATION OF INDIA

FORM OF DECLARATION OF ASSIGNMENT

POLICY NO.....

I/WE hereby declare that I/we have not assigned the above LIC policy to any one, not have I/we dealt with the same in any manner, except for any assignment/re-assignment already requested as on date by the LIC OF INDIA or the issued who insured the above policy upon due notice, I/WE hereby further declare that I/we have not served on any office of the LIC OF INDIA any other or further notice of Assignment or re-assignment in respect of the above policy, nor shall I/WE serve on any office of the said corporation any notice or assignment or re-assignment before payment or loan/surrender value or survival benefit.

Signature of life assured

Signature of the assignee

L.A NAME:

ADDRESS:

WITNESS SIGNATURE:

NAME:

ADDRESS:

LIFE INSURANCE CORPORATION OF INDIA
DIVISIONAL OFFICE : BANGALORE - II

BRANCH OFFICE => _____ BRANCH CODE => _____ DATE => _____

REF:PS/

OFFICE NOTE FOR ISSUE OF DUPLICATE POLICY

1. POLICY NUMBER/S : _____
2. NAME AND ADDRESS : _____

3. SUM ASSURED : _____
4. DATE OF NOTICE : _____
5. (a) DATE OF MATURITY OR S.B.DUE : _____
(b) PRESENT STATUS OF THE POLICY : _____
6. IS ADVERTISEMENT IN A DAILY NECESSARY ? IF SO, HAVE WE RECEIVED FULL SHEET OF THE PAPER CONTAINING THE ADVERTISEMENT. : _____
7. WHETHER SURETY REQUIRED AND IF SO WHETHER PARTICULARS OF SURETY (FORM NO. 3809) RECEIVED : _____
8. WHETHER INDEMNITY BOND RECEIVED AND IS IT IN ORDER : _____
9. AMOUNT REMITTED TOWARDS THE COST OF PREPARATION AND STAMP DUTY : (a) Rs. _____ (b) M.R.No: _____ DATED _____
10. IS THERE ANY LOAN UNDER THE POLICY? : _____
11. IS THERE ANY ASSIGNMENT UNDER THE POLICY? : _____
12. RECOMMENDATION OF THE DEPT., : _____

DECISION:

PREPARED BY _____

CHECKED BY _____

SR. BRANCH MANAGER _____
