



Lost policy Bond of indemnity (If lost by the agent)

(To be stamped and notarized)

DEED OF INDEMNITY

THIS DEED OF INDEMNITY is made at _____ on the _____ day of _____, 200_, between _____ son of _____ residing at _____ and currently an insurance agent for Max Life Insurance Company Limited (hereinafter called the "Agent") AND Max Life Insurance Company Limited, a company carrying on life insurance business in India and having its registered office at Max House, 1 Dr. Jha Marg, Okhla, New Delhi 110020 and an office in Mumbai at _____ (hereinafter called the "Company", which expression shall include its successors and assigns).

Whereas:

1. The Agent has misplaced and lost the original Life Insurance Policy No. _____ dated _____ ("Document") issued by the Company to _____ ("Policy Holder"), in the course of delivering the Document to the Policy Holder;
2. The Agent undertakes that the Agent shall endeavor to the best of the Agent's ability to retrieve the Document and return the same to the Company;
3. The Agent agrees to keep the Company indemnified against the consequences of loss of the Document including any misuse of the Document lost by the Agent.

NOW THIS DEED WITNESSESS that the Agent shall keep the Company fully indemnified, saved and held harmless. at all times. from and against any and all loss. outgoings, damages. costs and consequences incurred and/or suffered by the Company, including any legal costs and lawyers' fees incurred by the Company in defending and/or protecting itself, for and/or on account of the Agent having misplaced and lost the Document, and by reason of any claims whatsoever that may be made for and/or on account of and/or on the strength or basis of the Document, and/or by reason of any misuse of any nature or manner of the Document by anybody whomsoever.

IN WITNESS WHEREOF, _____, the Agent, has signed this Deed of Indemnity at the place and on the date first abovementioned.

(Agent's Signature)



(Agent's Name)

Lost policy affidavit (If lost by the customer)

(To be stamped and notarized)

AFFIDAVIT

I, _____, son of/ daughter of/ wife of solemnly state and affirm as follows:

1. That pursuant to my Proposal No. _____ dated _____, for a _____ Policy of life insurance, Max Life Insurance Company Limited, a company carrying on life insurance business in India and having its registered office at Max House, 1 Dr. Jha Marg, Okhla, New Delhi 110020 and an office _____ at _____ (hereinafter called the "Company", which expression shall include its successors and assigns), issued Policy No. _____ to me ("Policy"), which I received;
2. That subsequent to receipt by me of the original Policy from the Company, I inadvertently misplaced the Policy and am unable to find the same. Accordingly, I have requested the Company to issue to me a copy of the Policy in lieu of the original of the Policy lost by me;
3. I declare and undertake that if the Company issues to me a copy of the Policy as requested by me, I shall immediately upon finding the original of the Policy return the same to the Company, without any delay and shall not deal with the original of the Policy in any manner whatsoever or seek that the Company deal with the original of the Policy in any manner. I agree that if on account of my negligence or delay in returning the original of the Policy to the Company after I find the same, I will not hold the Company responsible or liable in any manner for the consequences of my negligence or delay.
4. That all of the above is true and correct, and this Affidavit has been affirmed by me in the context of a request made by me to the Company for issue of a copy of the Policy in lieu of the original of the Policy lost by me.

Solemnly affirmed by the within named _____ at _____ on this _____ day of 20__ in the presence of:

Before me

(Policyholder's Signature)

(Policyholder's Name)

YOU ARE THE DIFFERENCE

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| Our virtual assistant Chat with MILI on our website | WhatsApp Send 'Hi' to 74283 96005 | Login to manage your policy maxlifeinsurance.com/customer-service | Write to us at maxlifeinsurance.com/contact-us |
| Call us at 1860 120 5577 | Follow us | | |

Important: DO NOT believe in calls, SMS, E-mail offering discounts. For NEFT Payments, please transfer only to "HSBC Bank A/C No. 1165 <Followed by 9 digit Policy No.> IFS Code: HSBC0110002". Max Life does not collect Premium in any other account. **Max Life Insurance Co. Ltd.:** Plot No. 90C, Sector 18, Udyog Vihar, Gurugram, Haryana - 122015. **Regd. Office:** 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab - 144 533. **Fax:** 0124-4159397, **CIN:** U74899PB2000PLC045626 | Customer Helpline Number: 1860 120 5577 **IRDAI Registration No. 104**

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