

INDEMNITY BOND



(to be filled at the time of Claim intimation, if required)

THIS INDEMNITY BOND is made at _____ this _____ day of 20__ by:

- 1.
- 2.

(Please mention full names and addresses of Policyholder/Claimant/Assignee)

WHEREAS a Policy numbered _____ for a basic sum assured of Rs. _____ was issued to Mr/Ms. _____ (the "Policy Holder") on the life of Mr./Master/Ms. _____ (the "Life Insured") by BHARTI AXA LIFE INSURANCE COMPANY LIMITED (the "Company")

AND WHEREAS it has been represented to the Company by the Policy Holder /Claimant/Assignee/Mr/Ms. _____ (the "Claimant") that the said Policy which was in the possession of the Policy Holder _____ has been lost / misplaced / destroyed / mutilated and that the same has not been dealt with in any manner such as being mortgaged or pledged or in any other like manner and that the Company be pleased to dispense with the production of the said Policy for the purpose of the settlement of the claim arising out of the death of the Life Assured and it has been undertaken by the Policyholder/Claimant/Assignee to return to the Company the original Policy if the original Policy is recovered subsequently.

NOW THESE PRESENTS WITNESS that in pursuance of the said undertaking and in consideration of the Company having agreed to waive the production of the said Policy no. _____. The said _____ (Names of the Policyholder/ Claimant) do hereby for themselves, their heirs, executors or administrators Covenant with the said Company, its successors and assigns that they the said _____ (Names of the Policyholder/Claimant/Assignee) administrators will from time to time and at all times save and keep harmless and indemnified the said Company, 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 Company, its successors or assigns by any person or persons by reason of the non – production of the Policy document and by reason of anything in relation to the premises.

IN WITNESS WHEREOF the said _____ (Names of the Policyholder/Claimant/Assignee) have hereunto put their hands at _____ this _____ day of _____ 20__.

Signed and delivered by the said

(Name of the Policyholder/Claimant/Assignee)

(Signature of the Policyholder/Claimant/Assignee)

In the presence of:

WITNESSES:

Full signature of Witness _____

Name _____

Full signature of Witness _____

Name _____

Bharti AXA Life Insurance Company Ltd. IRDAI Regd. No. 130 dated 14/07/2006 [Life Insurance Business] Unit No. 1902, 19th Floor, Parinee Crescenzo, 'G' Block, Bandra Kurla Complex, BKC Road, Behind MCA Ground, Bandra East, Mumbai - 400051, Maharashtra. CIN No.: U66010MH2005PLC157108 | Toll free No.: 1800-102-4444 | Website: www.bharti.axa.com | Comp-Dec-2023-6664.

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS!

IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.