

# Lost policy declaration and indemnity form

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Policy number:  (For office use only)

## Introduction

In order to obtain new policy documentation please complete this form. Please contact your local Zurich HelpPoint team in Bahrain +973 1756 3321, Qatar +974 4496 7555, Singapore +65 6876 6750, or the United Arab Emirates +971 4 363 4567 or write to us at Zurich International Life, PO Box 67, Douglas, Isle of Man, IM99 1EF, British Isles.

## Policy owner(s) details

### I/We:

#### Policy owner 1

Title  Mr  Mrs  Miss  Ms  Dr  Other (please give details)

Family name

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Forename(s)

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Please give details of any previous names or aliases used (including maiden name)

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#### Policy owner 2

Title  Mr  Mrs  Miss  Ms  Dr  Other (please give details)

Family name

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Forename(s)

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Please give details of any previous names or aliases used (including maiden name)

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### **being the owner(s) of the policy, confirm that I/we believe the policy documentation to be lost or destroyed so that it cannot be found.**

I/We agree to repay any claim value paid by Zurich in connection with the policy if a competing claim is made for some or all the monies and to be responsible for and to repay any additional payments that Zurich may have to make, or any costs and expenses that Zurich may incur as a result of any false, inaccurate or misleading information that I/we have given to Zurich in connection with the policy.

Please tick to confirm this form is being used to request a replacement policy schedule.

## Policy owner(s) details (continued)

Policy owner 1 current residential address

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Telephone number

Mobile number

Is this a US\* based telephone number?

Yes

No

\*The definition of US includes the 50 United States of America, the District of Columbia, Guam, Puerto Rico, US Virgin Islands, American Samoa and the Northern Mariana Islands.

Email address

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Policy owner 2 current residential address

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Telephone number

Mobile number

Is this a US\* based telephone number?

Yes

No

\*The definition of US includes the 50 United States of America, the District of Columbia, Guam, Puerto Rico, US Virgin Islands, American Samoa and the Northern Mariana Islands.

Email address

To protect your investment and to verify this request, we may contact you on the telephone number given as part of our anti-fraud policy.

I/We understand that by providing the above email address I/we agree to being contacted via this medium for the purposes of servicing my/our policy and understand that email via the internet is not secure.

Signature of policy owner 1

Date

Signature of policy owner 2

Date

**Signature of witness\***

Signature of witness

Date

Name of witness

Occupation of witness

Address of witness

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\*Please note that a witness must be an unrelated third party.

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Registered office: Zurich House, Isle of Man Business Park, Douglas, Isle of Man, IM2 2QZ, British Isles. Telephone +44 1624 662266 Telefax +44 1624 662038 [www.zurichinternational.com](http://www.zurichinternational.com)

Zurich International Life Limited acting through its Singapore branch at Singapore Land Tower #29-05, 50 Raffles Place, Singapore 048623. Telephone +65 6876 6750 Telefax +65 6876 6751.

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