The Insular Life Assurance Company, Ltd.
Insular Life Corporate Centre, Insular Life Drive
Filinvest Corporate City, Alabang, 1781 Muntinlupa City
E-mail: headofc@insular.com.ph • Website: www.insularlife.com.ph
Tel.: (632) 582-1818 • Fax: (632) 771-1717 • TIN 000-464-124 Non-VAT

Lost/Damaged Policy Affidavit with Discharge of Policy

REPUBLIC OF THE PHILIPPINES)
)ss.

I/We, the undersigned, after having been duly sworn under oath and in accordance with law, hereby voluntarily depose and say:

A. That this affidavit refers to Policy No(s). _____ with the following details: (use a separate sheet if needed)
Name of Insured _____ Type of Plan _____
Name of Policy Owner _____
Face Amount Php _____ Date Issued:_____
Name of Beneficiaries: _____

B. That the above policy was lost/damaged due to: (check one)

☐ Fire (attach a copy of newspaper clipping referring to the fire or a DILG/Barangay certificate of the fire)
☐ Flood
☐ Others _____

_____

_____
[state how the lost or damage occurred & what happened the last time you saw the policy]

That I/we last saw the policy on _____. That no party, other than as shown by the records of the Company, has any claim or interest in said policy, except as follows: _____
_____
_____

All efforts were exerted to find the lost or conserve the damaged policy contract(s). This affidavit is executed based from my/our own knowledge, and to attest to the truth of the foregoing. On the basis of the above representations, the Company is hereby requested to waive submission of the above described policy(ies) as a requirement to process the policy's(ies') MATURITY/SURRENDER/DEATH benefit.

C. That in consideration of the full settlement received from THE INSULAR LIFE ASSURANCE COMPANY, LTD., as the MATURITY/SURRENDER/DEATH benefit under the above described insurance policy(ies) in the amount of _____ Philippine Pesos, I/we hereby agree to indemnify and hold harmless said Company, its successors or assigns, from all actions, claims and demands, by reason of or growing out of any interest in said life insurance policy(ies) or any assignment thereof, or by virtue of the said policy(ies) or from any loss, costs or expense to which the said Company may be put to by reason of its making this settlement.

_____ _____
Printed Name and Signature of Policyowner/Insured/Beneficiaries **Printed Name and Signature of Policyowner/Insured/Beneficiaries**

Signed in the presence of:

_____
Witness

SUBSCRIBED AND SWORN to before me this _____ 20___ with the Policyowner, exhibiting to me his/her _____ with number _____ issued/expiring on _____.

Doc No. _____;
Page No. _____;
Book No. _____;
Series of 20_____.

(This form, if executed outside the Philippines must be authenticated by the Philippine Consulate)