The Insular Life Assurance Company, Ltd.
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Filinvest Corporate City, Alabang, 1781 Muntinlupa City
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Tel.: (632) 582-1818 • Fax: (632) 771-1717 • TIN 000-464-124 Non-VAT

Application for the Issuance of Duplicate Insurance Policy

To: INSULAR LIFE

This is to request for a replacement of the insurance policy contract(s) with the following policy /s and insured:

Policy No.	Insured
_____	_____
_____	_____

In consideration of this request, the undersigned hereby agrees as follows:

1. That the duplicate insurance policy to be issued shall stand in the place and stead of the original policy for all purposes, and that the original policy, if still in existence, shall be of no further force and effect as evidence of the insurance contract of which it bore witness.
2. That the original policy, if later found, shall be returned promptly to the Company.
3. That the Company shall be held free and harmless from all loss or injury which may occur as a direct or indirect result of its act of issuing said duplicate based on this application.
4. That the duplicate insurance policy to be issued shall bear the same policy as the original policy except for the addition of the word "duplicate" to be typed/stamped on the left bottom corner on the face of the policy.
5. That, if it is not possible to issue a printed copy of the original policy, the Company shall issue a lost policy certificate.

_____
Printed Name and Signature of Policyowner

LOST / DAMAGED POLICY AFFIDAVIT

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

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:
That the policy was lost or 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 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: _____
_____
_____

That the beneficiary/ies named under the policy is/are: _____
_____

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 issue a duplicate of the policy, as described above.

Signed in the presence of:

_____
Witness

_____
Printed Name and Signature of Policyowner
If joint policy:
_____
Printed Name and Signature of Policyowner

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

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