



**LOST POLICY AFFIDAVIT AND AGREEMENT**

Note: Separate affidavits are to be executed by the Insured, Beneficiary and Applicant-Owner (includes assignees)

Policy Number \_\_\_\_\_ Issued upon the life/lives of \_\_\_\_\_

1. Do you have knowledge of anyone having possession of the policy now?

If so, give name and address.

2. (a) Who, to your knowledge, last saw the policy? (a)  
 (b) Who was last responsible for its keeping? (b)  
 (c) Where was it kept? (c)

3. (a) In what manner was policy lost or destroyed? If (a)  
 policy was burned attach, if possible, newspaper  
 clipping referring to the fire.  
 (b) When was loss first noticed? (b)

4. What efforts have been made to find policy?

REPUBLIC OF THE PHILIPPINES)  
 \_\_\_\_\_ ) s.s.

I/We, the undersigned, being duly sworn, depose and say:

That the answers given to the above questions pertaining to the above numbered policy, issued or assumed by The Insular Life Assurance Company, Ltd. (herein called "Company"), are true of my/our own knowledge.

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: \_\_\_\_\_

On the basis of the above representations, the Company is hereby requested to issue a duplicate of the policy described above, said duplicate to be numbered the same as the original except for the addition of the word "duplicate" to be typed on the left bottom corner on the face of the policy. In consideration of the granting of this request the undersigned hereby agrees as follows:

1. That said duplicate 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. To save the Company harmless from all loss or injury which may occur as a direct or indirect result of its act of issuing said duplicate.

If it is not possible to issue a printed copy of the original policy, the Company is requested to issue a lost policy certificate.

Signed in the presence of \_\_\_\_\_

Signature of Insured/Applicant-Owner

\_\_\_\_\_  
 Witness

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, the undersigned notary public personally came \_\_\_\_\_ with Residence Certificate No. \_\_\_\_\_ issued on \_\_\_\_\_ at \_\_\_\_\_ to me personally know and known by me to be the same person/s described in and who executed the foregoing lost policy affidavit and agreement on indemnity, and who made oath and acknowledged to me that he/she/they executed the same voluntarily and for the purpose therein set forth.

WITNESS my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

NOTARY PUBLIC

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