

Lost policy declaration and indemnity form

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, in Hong Kong +852 3405 7150, in Qatar +974 4496 7555, in Singapore +65 6876 6750, or in the United Arab Emirates +971 4 363 4567 or call or write to us at the address on the back of this form if you would like further details.

Policy owner(s) details

I/We:

Policy owner 1

Title

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

Family name

Forename(s)

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

Policy owner 2

Title

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

Family name

Forename(s)

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

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 International Life Limited (ZILL) 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 ZILL may have to make, or any costs and expenses that ZILL may incur as a result of any false, inaccurate or misleading information that I/we have given to ZILL in connection with the policy.

I/We confirm that the statements made in this declaration to be true to the best of my/our knowledge and belief.

Please confirm if this form is being used in the event of an encashment or a requirement for replacement policy schedules.

(tick one only)

Encashment*

New documents

*If you are making an encashment, please also complete the 'Full or partial encashment' form, which is available on request.

Policy owner(s) details (continued)

Policy owner 1 current residential address

Telephone number

Email address

Policy owner 2 current residential address

Telephone number

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.

Declaration

I/We confirm that I/we am/are aware of my/our rights under the relevant Data Protection laws, the uses for which my/our personal data may be collected and that I/we have future rights to view and correct this data.

Signature of policy owner 1

Day Month Year

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature of policy owner 2

Day Month Year

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature of witness*

Signature of witness

Day Month Year

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name of witness

Occupation of witness

Address of witness

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

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Zurich International Life is a business name of Zurich International Life Limited which provides life assurance, investment and protection products and is authorised by the Isle of Man Government Insurance and Pensions Authority.

Registered in the Isle of Man number 20126C. Registered office: 43-51 Athol Street, Douglas, Isle of Man IM99 1EF, British Isles. Telephone +44 1624 662266 Telefax +44 1624 662038.

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www.zurichinternational.com

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