

INDEMNITY BOND

(To be executed on Non-judicial Stamp Paper of the value of Rs.200/ and Notarized)

WHEREAS:

Policy number: _____ was issued to _____ (the “Policyholder”) on the life of _____ (the “Life Assured”) by the Generali Central Life Insurance Company Limited (the “Company”);

AND WHEREAS it has been represented to the Company by _____ (who is the Claimant under the Policy) that the said Policy which was in the possession of the Policy holder has been lost / misplaced, and has not been dealt with in any manner such as being mortgaged or pledged or in any other like manner and that the Company be pleased to dispense with the production of the said Policy for the purpose of the settlement of the claim arising out of the death of the Life Assured and it has been undertaken by the Policy holder / Claimant to return to the Company the original Policy if the original Policy is recovered/traced subsequently;

AND WHEREAS the Company has, on the above premises and on the said _____ undertaking to enter into with the Company a Covenant of the nature hereinafter appearing, agreed to waive the production of the Policy Document;

NOW THESE PRESENTS WITNESS that in pursuance of the said undertaking and in consideration of the Company having agreed to waive the production of the said Policy no _____ the said _____ does hereby for himself/ herself , his/her heirs, executors or administrators Covenant with the Company, its successors and assigns that he/she , his /her heirs ,executors and administrators will from time to time and at all times save and keep harmless and indemnified the said Company, its successors and assigns of and from all actions, suits, costs, claims and demands of what so ever nature and kind which may be instituted, preferred, claimed or made against the said Company, its successors or assigns by any person or persons by reason of the non – production of the Policy document and by reason of anything in relation to these premises.

IN WITNESS WHEREOF the said _____ has hereunto put his/her hand at
_____ this _____ day of _____ 20__.

Signed and delivered by the said

1) _____
(Name of the Policyholder /Claimant) Signature of the Policy holder/Claimant
Full address:

NOTARY PUBLIC