

Duplicate Policy Contract / Declaration and Indemnity Form for Lost Policy

NOTE: PLEASE SUBMIT A COPY OF YOUR NRIC/ PASSPORT TOGETHER WITH THIS FORM.

Full Name of policy owner as shown in NRIC/Passport including alias		Policy no.	
		NRIC no.	
		Contact no.	(+) Country/Region Code
Name of life insured			
Name and contact no. of Financial Planner:			

I, the Policy Owner/Trustee/Assignee/Claimant of the above policy declare that I am the lawful owner/claimant of the above-mentioned policy.

I am requesting :

Please tick () one of the boxes below

- ☐ For the issue of a duplicate policy as I do not have the policy document with me due to **non- receipt of documents**.
- ☐ For the issue of a duplicate policy as I do not have the policy document with me due to **misplaced or loss of documents**.
- ☐ For the issue of a duplicate policy as I do not have the policy document with me due to **destroyed documents**.
- ☐ For the acceptance of my **claim submission** without producing the misplaced or lost original policy document. Please **do not** issue me a duplicate policy contract.

The policy was not and is not now assigned or otherwise transferred to any person whomsoever, or in any way pledged as security for monies advanced or value received, and that there are no claims against the policy.

If the original policy is found, I shall promptly return it to the Company.

I agree that the issue of a duplicate policy, if applicable, shall in no way alter or affect the rights and liabilities arising out of the original policy.

I hereby agree to indemnify the Company against any loss that may be sustained as a result of any action it takes pursuant to this declaration, including but not limited to paying the amounts due under the policy, processing my change request without receiving the original policy, or issuing a duplicate copy of the policy.

Consent to use of personal data

I understand that HSBC's Data Privacy Policy (which may be found at <https://www.insurance.hsbc.com.sg/privacy-and-security/>) forms a part of the terms and conditions governing my relationship with HSBC. I consent to the collection, use and disclosure of my personal data for the purposes set out in the Data Privacy Policy.

Executed this _____ day of _____ (Month), 20 _____ (Year).

Signature / Name / NRIC of witness

Signature of policyowner/trustee/assignee

Signature / Name / NRIC of witness

Signature of policyowner/trustee/assignee

For each signatory, there should be a witness with the name and NRIC No. clearly indicated. The signature(s) of policyowner/trustee/assignee should be signed in the same manner as they appear in our record.

For Takaful policy, please read "certificate" for policy, "certificate holder" for policyowner, "wakil" for financial planner, "participant" for life insured, "takaful benefit" for sum insured.

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