

LIFE INSURANCE CORPORATION OF INDIA

..... Branch Office

FORM OF LETTER OF INDEMNITY

(Applicable where the net claim amount payable exceeds Rs. 5000/- but does not exceed Rs. 10,000/-)

To

The Branch Manager,
Life Insurance Corporation of India

.....
.....

Dear Sir,

WHEREAS a Policy of Insurance Numbered for
Rs. was granted on (Date of Policy) by
.....(Name of the erstwhile Insurer) / Life Insurance Corporation of
India on the life of..... (Name of the Life Assured)

AND WHEREAS the said Policy document and/or Deed of Assignment dated.....
(Name of the Policyholder/Assignee/s)

misplaced and not traceable in spite of diligent search,

AND WHEREAS upon my/our representation that the said Policy document/Deed of Assignment
has not been transferred or dealt with by me/us in any manner,

AND WHEREAS on my/our undertaking that if the said Policy/Deed of Assignment is found it
shall be returned to you for cancellation, you have agreed at my/our request to pay me/us the value of
the said Policy viz. Rs. (Rupees)
only, on my/our giving you this Letter of Indemnity. (in words)

NOW in consideration of the promises I/we for myself/ourselves, my/our heirs, executors and
administrators agree and undertake from time to time and at all times hereafter to indemnify and keep
you and the Life Insurance Corporation of India harmless and indemnified from and against all claims,
demands, actions, liabilities and expenses which may be made or taken against or incurred by you or
the said Life Insurance Corporation of India by reason of such payment of the values of the Policy
without production of the said Policy document / Deed of Assignment.

Dated at..... this..... day of..... 20

Yours faithfully,

WITNESSES :

- | | |
|--------------------|----|
| 1. Signature:..... | 1. |
| Full Name :..... | 2. |
| Occupation:..... | 3. |
| Address:..... | 4. |

2. Signature:.....
- Full Name :.....
- Occupation:.....
- Address :

(SIGNATURE)