



## INDEMNITY FORM FOR LOSS/ NON RECEIPT OF POLICY DOCUMENT

KINDLY COMPLETE FULLY IN BLOCK LETTERS AND INK.

Please tick boxes (✓) as appropriate.

Policy Number:

Name of Policyholder /Assignee / Trustee

NRIC / Passport Number

Contact Number

Name of Joint Policyholder/2<sup>nd</sup> Assignee (if applicable)

NRIC / Passport Number

Contact Number

1. I/We do not have the original policy document due to the following reason(s):

- Misplaced / Lost     Damaged     Did not receive     Others: \_\_\_\_\_

2a. I/We am/are requesting for the issuance of a duplicate policy document and wish to have it sent to my/our address in your records.

2b. I/We understand that an administrative fee of \$15 is applicable to this request. Enclosed is the payment via

- Cheque (Crossed & made payable to TMLS)     AXS / DSB Bill Payment

### DECLARATION & AUTHORISATION

I/We solemnly and sincerely declare that:

I/We am/are the lawful owner of the above-mentioned policy.

The policy has not been assigned, pledged or given as security to any other person, company or institution and I/We retain full rights, title and interest in the policy and that are no claims against the policy.

I/We am/are not an undischarged bankrupt and, to my/our knowledge, there are no current, pending or threatened bankruptcy proceedings against me/us.

I/We will return the duplicate policy document to the Company for cancellation should the original be found.

I/We agree to indemnify the Company against any claim, demand, damage, loss, proceedings, liability, cost and expense whatsoever which may be taken or made against or incurred by the Company in relation to the issuance of the duplicate policy document by the Company or the Company making any payment to the Assured/Trustee(s)/legal owner without the submission of the original policy document, as the case may be.

I/We understand and agree that:

(a)Tokio Marine Life Insurance Singapore Ltd (the "Company") shall not be deemed to provide cover and neither should the Company be liable to pay any claim, provide any benefit under the Policy/relevant Policy or be required to process any request made to the extent that the provision of such cover, payment of such claim, provision of such benefit or processing of such request would expose the Company (or its parent company or holding company (in both instances, whether direct or indirect) or the subsidiaries of its parent or holding company) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the applicable jurisdiction, Singapore, the European Union, United Kingdom or United States of America;

(b)where the Company becomes aware that I/We, the Life Assured or any person or entity connected with the Policy/relevant Policy (see paragraph (c) below) is/are subject to any sanction, prohibition or restriction under such resolutions, trade or economic sanctions, laws or regulations mentioned in paragraph (a), the Company shall be entitled to block, suspend and/or terminate the Policy/relevant Policy at any time including but not limited to, not making or receiving any payments under the Policy/relevant Policy. The decision of the Company on the aforementioned is final; and

(c) a person or entity connected with the Policy/relevant Policy includes an assignee, a beneficiary, a trustee, an executor, an administrator, a director or direct/indirect shareholder or person having executive authority or natural persons appointed to act on my/our behalf, for my/our beneficial owners or beneficiaries' beneficial owners. As an ongoing obligation, I/We will immediately inform the Company if there are any changes to the identities, status/constitution/establishment, particulars and identification documents of these persons.



**Personal Data Notice**

I/We agree and consent that Tokio Marine Life Insurance Singapore Ltd. may collect, use, process and disclose the personal data in accordance with the terms and conditions as stated in the insurance application form and/or the Tokio Marine Insurance Group's Data Protection Policy available at [www.tokiomarine.com](http://www.tokiomarine.com), which I / we have read, understood and agreed to the same.

\_\_\_\_\_  
Signature of Policyholder / Assignee / Trustee

\_\_\_\_\_  
Signature of Joint Policyholder / 2<sup>nd</sup> Assignee  
(If applicable)

Name : \_\_\_\_\_

Name : \_\_\_\_\_

Date : \_\_\_\_\_

Date : \_\_\_\_\_

