



ZURICH®

Lost policy declaration and indemnity form

Policy number:

(For office use only)

Introduction

In order to obtain new policy documentation or to make an encashment on the policy number stated opposite, please complete this form and attach either an original or suitably certified copy of the appropriate ID documentation e.g. certified true copy of passport or government issued ID card and also current address verification e.g. utility bill, bank statement/bank credit card statement or letter from employer for all owners of the policy where jointly owned. Please contact our Client Services department in the UK +44 1624 691111, in the United Arab Emirates +971 4 397 4444, in Bahrain +973 1 756 3322, in Hong Kong +852 3405 7150, in Qatar +974 496 7555, or in Singapore +65 6876 6750 or write to us at the address on the back of this form if you wish to confirm acceptance of ID and address verification documents.

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 I/we 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 (MSP2224), which is available on request.

Policy owner(s) details (continued)

Policy owner 1 current residential address

Email address

Policy owner 2 current residential address

Email address

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

Date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of policy owner 2

Date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of witness*

Signature

Date

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of witness

Occupation of witness

Address of witness

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



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Calls may be recorded for training and quality purposes.



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