

Kotak Mahindra Old Mutual Life Insurance Limited

Regn. No. 107, Regd. Office: 6th floor, Peninsula Chambers, Peninsula Corporate Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400 013.

August 2, 2003

<Title><First Name><Last Name>

<Add1>

<Add2>

<Add3>

<Add4>

<Add5>

Client Id. : _____**Policy No.:** _____**Sub. : ISSUE OF DUPLICATE POLICY**

Dear <Title> <First Name> <Last Name>,

We are sorry to know that you have lost / misplaced your Policy # _____.

We have received your notice dated _____, informing us of the loss and instructing us to issue you a Duplicate Policy in lieu of the Original one and an Indemnity Bond indemnifying the Company in event of any moneys paid thereon.

We are happy to enclose, alongwith this letter, an ***Kotak Life Insurance Duplicate Policy*** in lieu of the original lost policy. You are hereby informed that the Kotak Life Insurance Policy being issued to you bears the same Policy Number, Client Number and other terms & benefits under the original policy.

In the event that the original policy is located, kindly ensure that the same is returned back to Kotak Mahindra Old Mutual Life Insurance Limited

It's a pleasure and our privilege to service your needs.

Your policy document is an important legal document. Hence, please keep it safely.

For any assistance, please contact your **Kotak Life Insurance Life Advisor** or call our **Customer Service Officer on (022)- 5663 5303** or contact your nearest Kotak Life Insurance office. Alternatively you- may also fax in your requests at +91-(022)-5663 5363.

We value your association with us and look forward to opportunities to serve you better because life is all about freedom.

Yours sincerely

**Manager
Policy Servicing**

Encl. : Kotak Life Insurance Duplicate Policy No. _____

Kindly quote your client id in all your correspondence with us.

On stamp paper of Rs. 220/-: These should be in the name of the Policyholder and not Kotak Life Insurance

AFFIDAVIT CUM INDEMNITY OF MR/MS. _____

I, _____, son/daughter of _____ aged about _____ years, Indian Inhabitant, residing at _____ do hereby state the following on solemn affirmation:

1. I say that I am the bonafide policyholder of the _____ (Endowment Policy/ Single Premium policy/Money back policy) of Kotak Mahindra Old Mutual Life Insurance Limited having its Registered Office at 6th Floor, Peninsula Chambers, Peninsula Corporate Park, Ganpatrao Kadam Marg, Lower Parel (West), Mumbai 400 013 bearing policy number _____ (if available).
2. I say that the life insured on the policy is _____ son/daughter of _____ aged about _____ years, Indian Inhabitant, residing at _____.
3. I say that the aforementioned policy has been lost / misplaced and is no longer available with me.
4. I say that I have tried to locate the same to the best of my efforts and am unable to do so and have despaired of locating the same. I therefore request you to issue a duplicate policy to me.
5. I say that in event of the original policy being located, I agree to forthwith return the original to Kotak Mahindra Old Mutual Life Insurance Limited immediately.
6. In consideration of the Company issuing a Duplicate Policy, I hereby indemnify and undertake to continue to hold the Company indemnified and harmless from and against any payment that may be made and/or any loss, damage or costs (including any legal fees) that may suffered and/or incurred by the Company towards issuance of the Duplicate Policy Document and /or towards or in respect of the Original Policy Document.
7. I say that the above submissions and declaration are true and no portion thereof is false and I have concealed nothing material or relevant to the matter.

Solemnly affirmed as aforesaid at _____
This _____ day of _____, 20_____

sd/-
Deponent

Before Me
(Notary)