

INDEMNITY BOND

(Form – 2)

For SLI Duplicate Policy*(To be executed by the Nominee(s)/Legal Heir(s) in Stamp Paper worth ₹ 500.00)*

THIS BOND OF INDEMNITY made on the day of 20.....
 (date) (month) (year)
 by (1) Sri/Smt S/o / D/o / W/o
 (name of the 1st Nominee/Legal Heir)
 Sri/Smt. aged
 (name of father/mother/husband of the 1st Nominee/Legal Heir) (age of the 1st Nominee/Legal Heir)
 years, residing at
 (Permanent address of the 1st Nominee/Legal Heir)
(2) (hereinafter called the **First Party**) in
 (Enter Name and Details of all other Nominees/Legal Heirs as above)
 favour of the Governor of Kerala, represented by the Director, Kerala State Insurance Department (hereinafter called the
Department)

WHEREAS Sri./Smt. who was the holder of
 (name of the Policy Holder)
 the State Life Insurance Policy numbered KSID/LI/..... issued by the
 (Policy Number as printed in the Policy Certificate/Pass Book)
 said Department on his/her life for an assured sum of ₹ had died on
 (The amount of Sum Assured) (Date of death)
 leaving the First Party as the Nominee(s) of the said Policy /as his Legal Heir(s).

AND WHEREAS the First Party declares that in spite of extensive searches he/she/they could not find in his/her/their possession or custody or at any reasonable place the original Policy Certificate issued by the said Department.

AND WHEREAS the Department has agreed to issue a Duplicate Policy Certificate in case the First Party executes an Indemnity Bond in favour of the said Department; the First Party executes this Bond subject to the condition hereinafter contained.

NOW THE CONDITION of the written Bond is such that when the above said Department issues a duplicate certificate for the above said Policy, the First Party undertakes to indemnify the Department from and against all actions, losses, damages, proceedings, claims, expenses and liabilities whatever by reason of the issue of such Duplicate Certificate.

The First Party further declares that the original Policy Certificate has not been pledged or deposited by way of security and that he/she/they shall deliver the original Certificate to the Department if and when it is found.

Name and Signature of the First Party*(Name and Signature of all Nominee(s)/Legal heir(s))*

In the presence of witnesses:

1.
(Name, official address and Signature of the witness)
2.
(Name, official address and Signature of the witness)