

Lost/Damaged Policy Affidavit with Discharge of Policy

REPUBLIC OF THE PHILIPPINES)
 _____)
 _____)ss

I/We, the undersigned, after having been duly sworn under oath and in accordance with law, hereby voluntarily depose and say:

A. That this affidavit refers to Policy No(s) _____ with the following details: (use a separate sheet if needed)

Name of Insured _____ Type of Plan _____
 Name of Policy Owner _____
 Face Amount Php _____ Date Issued: _____
 Name of Beneficiaries: _____

B. That the above policy was lost/damaged due to: (check one)

- Fire (attach a copy of newspaper clipping referring to the fire or a DILG/Barangay certificate of the fire)
- Flood _____
- Others _____
 [state how the lost or damage occurred & what happened the last time you saw the policy]

That I/we last saw the policy on _____. That no party, other than as shown by the records of the Company, has any claim or interest in said policy, except as follows: _____

All efforts were exerted to find the lost or conserve the damaged policy contract(s). This affidavit is executed based from my/our own knowledge, and to attest to the truth of the foregoing. On the basis of the above representations, the Company is hereby requested to waive submission of the above described policy(ies) as a requirement to process the policy's(ies)' MATURITY/SURRENDER/DEATH benefit.

C. That in consideration of the full settlement received from THE INSULAR LIFE ASSURANCE COMPANY, LTD., as the MATURITY/SURRENDER/DEATH benefit under the above described insurance policy(ies) in the amount of _____, Philippine Pesos, I/we hereby agree to indemnify and hold harmless said Company, its successors or assigns, from all actions, claims and demands, by reason of or growing out of any interest in said life insurance policy (ies) or any assignment thereof or by virtue of the said policy (ies) or from any loss, costs or expense to which the said Company may be put to by reason of its making this settlement.

I understand that as a financial institution, Insular Life is subject to existing and future government regulations. I therefore agree to be bound by all applicable domestic and international laws in relation to any matter including but not limited to anti-money laundering, tax monitoring and data privacy.

In this connection, I authorize Insular Life to process my personal and sensitive personal information (also known as personally identifiable information or PII) including the collection, usage, storage, retention, and disclosure of my PII in the related processes and systems until its disposal. I likewise give my consent to Insular Life to share such information to its subsidiaries, affiliates, agents, medical information sharing facility of the insurance industry and third parties for any legitimate purpose, including the underwriting and administration of insurance coverage and claims, marketing and promotion of products, market research, data analytics and automated processing systems, internal and external audits, and such activities for which my PII may be required in fulfillment of mandated services across my entire life stages.

I/We also confirm that I/we have sought the consent of the insured and/or the beneficiary/ies in sharing his/her personal and sensitive personal information, as may be applicable.

I hold Insular Life free and harmless from any liability that may arise from any collection, use, disclosure, destruction or sharing of said information.

Done at _____ this _____ day of _____ 20 _____.

 Printed Name and Signature of
 Policyowner/Insured/Beneficiaries

 Printed Name and Signature of
 Policyowner/Insured/Beneficiaries

Signed in the presence of:

 Witness

SUBSCRIBED AND SWORN to before me this _____ 20____ with the Policyowner, exhibiting to me his/her _____ with number _____ issued/expiring on _____.

Doc No. _____;
 Page No. _____;
 Book No. _____;
 Series of 20 _____.

(This form, if executed outside the Philippines must be authenticated by the Philippine Embassy/Consular Office or apostilled by a competent authority from the origin country.)