

## REQUEST FOR THE ISSUANCE OF A REPLACEMENT OF LOST/DAMAGED INSURANCE POLICY

Date: \_\_\_\_\_  
 Policy Number/s: \_\_\_\_\_  
 Name of Policyholder/s: \_\_\_\_\_  
 Name of Insured/s: \_\_\_\_\_

*Instruction: This form must be completed, currently dated, and signed by the Policyholder. If this form is accomplished outside the Philippines, it must be authenticated by the Philippine Consulate nearest you.*

1. I hereby request for a replacement of the insurance policy contract of my policy/ies listed above, due to the following reason/s:

- Original copy was lost/misplaced.
- Original copy was damaged.
- Other reasons: \_\_\_\_\_

2. In consideration of this request, I hereby agree that:

- 2.1. The original policy, if still in existence, shall be of no further force and effect.
- 2.2. The replacement insurance policy to be issued will contain the updated policy information as of date of issuance of such replacement.
- 2.3. My interest in the said policy has not been transferred or assigned to any person or corporation, and I remain to have complete interest of full benefits in said policy, except such as may be duly endorsed and recorded at the office of Insular Life.
- 2.4. Insular Life, including its officers, employees, agents, and other personnel shall be held free and harmless from all loss or injury which may occur as a direct or indirect result of its act of issuing the replacement of the insurance policy contract on account of this application.

3. 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.

Printed Name and Signature of Policyholder	Printed Name and Signature of Joint Policyholder
Conforme:	Signed in the presence of:
Printed Name and Signature of Assignee	Printed Name and Signature of Witness

WARNING: It is unlawful (a) to present or cause to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and (b) to fraudulently prepare, make or subscribe any writing with intent to present or use the same, or to allow it to be presented in support of any claim. Such acts shall be punishable by a fine not exceeding twice the amount claimed or imprisonment of two (2) years, or both, at the discretion of the court. (Section 251, Insurance Code.)

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by the above policyholder who exhibited to me his/her government ID/Passport No. \_\_\_\_\_, issued at \_\_\_\_\_ on \_\_\_\_\_.

Doc. No. _____ Book No. _____ Page No. _____ Series No. _____	NOTARY PUBLIC My Commission expires on _____
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