

# Lost Policy Declaration



## 1. Life Assured

Title	<input type="text"/>	First Names	<input type="text"/>	Surname	<input type="text"/>
Street Address	<input type="text"/>				
Suburb	<input type="text"/>	Town/City	<input type="text"/>	Postcode	<input type="text"/>
Postal Address (if different from street address)	<input type="text"/>				
Suburb	<input type="text"/>	Town/City	<input type="text"/>	Postcode	<input type="text"/>
Phone No. Business	<input type="text"/> ( )	Home	<input type="text"/> ( )	Mobile	<input type="text"/> ( )
Email	<input type="text"/>	Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 2. Lost Policy Declaration

I/we declare that in respect of the policy document for Policy Number , issued by AIA New Zealand that:

I/we have:  never received the policy  lost/destroyed the policy (tick one)

I/we declare that I/we have made a diligent search for the policy in all possible places in which the policy is likely to have been and it has not been found.

To the best of my/our knowledge and belief, following my/our enquiries, the policy is not held by any bank, solicitor, accountant, corporation or any other person for security or otherwise.

To the best of my/our knowledge and belief the policy has not been mortgaged, transferred, assigned or otherwise dealt with.

In consideration of the issue of a certified copy of the Policy Document, I/we hereby undertake to indemnify AIA New Zealand, its directors, officers and agents or any of them against all losses, damages, claims, expenses and proceedings whatsoever which may be incurred as a consequence of or arising from the issue of the said certified copy of the Policy Document in lieu of the aforesaid Policy.

I/we request the Company to issue to me/us a certified copy of the above policy which will by law take the place of the lost policy, and I/we undertake in the event of the said lost policy ever being discovered to return it to the Company.

### 3. Policy Owner Declaration

I/we declare that the answers to the above questions are true and correct to the best of my/our knowledge.

**Full Name of Policy Owner**

**Signature of Policy Owner**

**Date**

**Full Name of Policy Owner**

**Signature of Policy Owner**

**Date**

**Full Name of Policy Owner**

**Signature of Policy Owner**

**Date**

### 4. Witnessed by

To be witnessed by someone other than a member of the Life Assured's or Policy Owner's family.

**Full Name of Witness**

**Signature of Witness**

**Date**

**Address of Witness**

**Occupation of Witness**