



**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.

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. _____

NOTARY PUBLIC

Book No. _____

My Commission expires on _____

Page No. _____

Series No. _____