



Life Insurance Corporation of India
FIJI OPERATIONS

**FORM OF APPLICATION FOR
SPECIAL POLICY**
In lieu of the Lost Policy

To be stamped

Dear Sir,

Re: REQUEST FOR ISSUING A SPECIAL POLICY IN LIEU OF THE LOST POLICY

I give herein below the details of my policy:

Policy Number	Name of the Assured	
Name of Proposer*	Postal Address	
Phone Number	Residential Address	

*where the *life assured* is not the policy owner.

I want a special policy document to be issued since the Original Policy document is not available for the following reason : (**PLEASE TICK ANYONE ONLY**)

- I declare that I have lost (or) accidentally destroyed (rendering it illegible) the above policy document (If available, remnants may to be enclosed).
- I declare that I have not received the Policy document either through Post or delivery and that it is also not with my Solicitor, Bank or any other personal representative.
- Any other reason:
.....
.....

I DECLARE THAT

- I have **NOT** assigned or transferred this policy document to any person/ persons/ company/ financial institution for any reason whatsoever.
- I fully understand that the issue of duplicate policy document will render the original policy document NULL and VOID.
- **I will indemnify** LICI and its executors, successors, assigns against all claims, suits, liabilities, demands or actions that may be instituted, preferred, claimed or made in relation to this policy.

I make these declarations solemnly by virtue of the Statutory Declaration Ordinance 1970 conscientiously believing them to be true in every particular.

Date: _____ Place: _____ Signature of the Life Assured/Assignee/Proposer*

The declaration and signature of the Life Assured/Assignee/ Proposer (if applicable) should be witnessed by a Magistrate/Commissioner for Oaths/Justice of Peace.

Name & Address of the Witness

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.....
.....

(Signature of Witness)
SEAL:

NOTE: Please check all the details and return/mail the completed form, along with the requisite fees to your servicing office at: LICI, GPO 266, No. 11 Butt Street, Suva (or) LICI, PO Box 789, No.5 Tui Street, Lautoka.



Life Insurance Corporation of India
FIJI OPERATIONS

**FORM OF INDEMNITY LETTER FOR
SPECIAL POLICY**
In lieu of the Lost Policy

(To be obtained from a person of sound financial standing who is not related to the policyholder. This is required to be submitted along with the application form for special policy only where the Sum Assured is F\$10,000 or above)

M/s Life Insurance Corporation of India,
Suva/Lautoka.

Dear Sir,

Re: Policy Number _____ on the life of _____

Sum Assured _____

I, _____ (Name in Block Letters), wish to inform you that I am prepared to execute an indemnity Bond in favour of the Life Insurance Corporation of India in respect of the above policy. Consequently, I have filled in the questionnaire form given below:

1.	What is your relationship with the Life Assured?			
2.	What is your present occupation?			
3.	What is your total annual income and its sources?	Source	Annual Income	
4.	Are you paying Income Tax? If yes, please furnish your TIN number.			
5.	Please furnish your FNPF Number, if applicable.			
6.	What properties (movable and immovable) do you possess?	Property description	Current Market Value	Whether free from encumbrance?
7.	Have you always been solvent?			

I make these declarations, after fully understanding them and solemnly by virtue of Statutory Declaration Ordinance 1970 conscientiously believing them to be true in every particular.

Declared at _____ on this _____ day of _____ 20_____

Signature of Witness: _____
Full Name of witness: _____
Title: _____
Address: _____

Signature of the Surety