

Consultant name	
Consultant code	
District	



**Private & Confidential**

# Lost Policy Declaration for Total Surrender / Death Claim

Policy number	
Name of Life Insured	
Name of Policy Owner	
I,	(Name of Policy Owner* / Assignee* / Executor* / Administrator* / Beneficiary*) , of
(address)	

in consideration of your processing of payment of the surrender value / death claim without my provision of the original Policy, HEREBY UNDERTAKE that I will, at all times, keep you indemnified against all actions, proceedings, claims, demands, cost and expenses which may be brought or made against you or which you may suffer or incur in consequence of the Policy document for this Policy being outstanding.

And I hereby warrant and agree that:

1. I have not assigned pledged or on any other way dealt with the Policy or any interest in the Policy or the moneys insured by the Policy;
2. If the original Policy document should come into my possession I will promptly deliver it to you;
3. In the event of my death this indemnity shall be binding on my personal representatives as it is binding on me;
4. This indemnity shall be governed in all respect by laws of Hong Kong and I hereby submit to the non-exclusive jurisdiction of the Courts of Hong Kong.

**Declaration**

The Policy Owner/Assignee/Executor/Administrator/Beneficiary declares and agrees that the personal information collected or held by the Underwriting Company (the Company), whether contained in this form or otherwise obtained, may be used by the Company, or disclosed to or transferred to any individual or organization within or outside Hong Kong for the purpose to (1) assess this application and to provide on-going insurance and customer services, (2) process and give effect to the Direct Debit Authorization, (3) provide marketing material in respect of insurance related services of the Company or its associated companies and (4) process claims or analysis of the insurance.

The Policy Owner/Assignee/Executor/Administrator/Beneficiary shall have the right of access to and to request correction of any personal information concerning themselves held by the Company. A request for such access may be made to the Personal Data Privacy Officer of the Company at 24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong.

Signature of Policy Owner*/Assignee*/Executor*/Administrator*/Beneficiary*	Date (dd/mm/yy)
	<input type="text"/>
HKID number / passport number	
<input type="text"/>	

\* Delete as inappropriate