



Life Insurance Corporation (Singapore) Pte Ltd
 3, Raffles Place, #10-01, Bharat Building
 Singapore 048617 Phone +65 62234797
 email ID :- crm@licsingapore.com

APPLICATION FOR DUPLICATE POLICY DOCUMENT

I, _____ the life assured / owner of the life insurance policy numbered _____ issued by the Life Insurance Corporation (Singapore) state that:

1. I have not received the policy document / have lost or misplaced it and despite a diligent search could not find it.
2. I have not assigned or otherwise parted with the policy to anyone.
3. I request the Life Insurance Corporation (Singapore) to issue me a duplicate policy document in replacement of the original policy.
4. I agree to indemnify the Life Insurance Corporation (Singapore) against any claim damage or loss that the Company may suffer as a result of the issue of the duplicate policy to me.

Dated in Singapore on day _____ of _____, 20__

 Signature of Life Assured / Policy owner

 Signature of Witness

Name: _____

Name: _____

NRIC No: _____

NRIC No: _____

Address: _____

Address: _____
