

Application / Policy no.



Lost Policy Declaration

Section 1: Life Assured

Title	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Street address	Postal address (if different from physical address)
Unit/apartment/building/floor	P.O. Box / Private number
Street	Street
Suburb	Suburb
Town / City	Town / City
Postcode	Postcode

Home phone	Business phone	Mobile phone
()	()	()

Email	Date of birth
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Section 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.

Section 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 (1)

Signature of Policy Owner (1) _____ **Date**

Full name of Policy Owner (2)

Signature of Policy Owner (2) _____ **Date**

Section 4: Witnessed by

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

Full name of witness

Signature of witness _____ **Date**

Address of witness

Occupation of witness