

[To be printed on a plain A4 paper]
[ഒരു A4 പേപ്പറിൽ പ്രിന്റുചെയ്യുക]

INDEMNITY BOND / നഷ്ടപരിഹാര ബോണ്ട് ഫോർമാറ്റ്

This Indemnity Bond is executed at _____, on this _____ day of 20____, by and between:
_____ 20____ ഈ
_____:

I, _____ S/W/o Shri. _____ aged about _____ years, residing at _____,
_____ here in after referred to as the "Indemnifier") which expression shall unless repugnant to the context or meaning thereof,
mean and include her successors and assigns of the **ONE PART**.

_____ ഈ _____
_____. _____ ഈ _____
_____. ഈ _____
(_____ _____
_____ _____ ഈ _____
_____ _____)

AND/ പിന്നെ
Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited, a Company incorporated under the Companies Act, 1956 having its
Office at 2nd Floor, Orchid Business Park, Sector-48, Sohna Road, Gurgaon-122018, Haryana, India, hereinafter referred to as the "**Company**" (which
expression shall unless it be repugnant to the meaning or context thereof, be deemed to mean and include its successors and permitted assigns) of the
OTHER PART;

_____ 1956-ൽ _____
_____, 2-____ ന്ന _____
_____, _____-48, _____
_____, _____-122018, _____
_____ **HSBC** _____
_____, ഈ _____
_____ "_____"
(_____ _____
_____ _____ ഈ _____
_____ _____)

WHEREAS: / _____:

- A. Company has issued a policy bearing Policy Number (_____) (hereinafter referred to as the "Policy") to the Indemnifier wherein he/she is the Policyholder.
_____ (_____) _____ _____ _____ (ഈ _____
_____ "_____"
_____) _____
_____ _____, _____ _____
- B. The Indemnifier represents to the Company that the Original Policy Bond for the aforementioned Policy Number is lost and/or Misplaced irrecoverably.
_____ _____ _____ _____ _____ _____
_____ _____ _____ / _____ _____
_____ _____
- C. Based on the above representations made by the Indemnifier, the Company is willing to issue a Duplicate Policy Bond, subject to the Indemnifier executing this deed of indemnity on the terms and conditions hereinafter.
_____ _____ _____ _____ _____ _____, ഈ _____
_____ _____ _____ _____ _____ _____ _____ _____ _____
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____

NOW THIS INDEMNITY BOND WITNESSETH AS FOLLOWS:

ഈ _____, _____:

- 1. The Indemnifier confirms that he/she is the Policyholder in respect of the aforementioned Policy.
_____ _____ _____ _____ _____ _____, _____ _____
_____ _____
- 2. The Indemnifier also confirms that the Original Policy Bond for the aforementioned Policy Number issued to him/her by the Company is lost and/or misplaced irrecoverably and that there is no willful suppression of any material fact.
_____ _____ _____ _____ _____ _____ _____ _____ _____
_____ _____ _____ _____ / _____ _____ _____ _____
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
- 3. In consideration of the Indemnifier indemnifying the Company as envisaged herein and based on the representations made by the Indemnifier, the Company agrees to issue a duplicate policy bond to the Indemnifier for the said Policy.
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
- 4. If the Original Policy Bond is recovered at a later stage, the Indemnifier shall keep the Company indemnified and hold harmless from any claim/demand that may be made by any person claiming interest or right under the Policy as a beneficiary or in any other capacity on the basis of such recovery.

