

# Declaration of Loss & Indemnity

This form should be used for the following product providers:

**Old Mutual International (Guernsey) Limited\***, The Beehive, PO Box 121, Collings Road, St Peter Port, Guernsey, Channel Islands, GY1 3HE.  
**Old Mutual International (Ireland) Limited\***, Goleen, Cross Avenue, Blackrock, Dublin 2, Ireland.

**Old Mutual Guernsey\***, The Beehive, PO Box 121, Collings Road, St Peter Port, Guernsey, Channel Islands, GY1 3HE

**Old Mutual Hong Kong\***, 24th Floor, Henley Building, 5 Queen's Road, Central, Hong Kong.

\* Hereafter referred to as 'the Company' for purposes of this Declaration of Loss.

**Please complete all information in block capitals**

<b>Policy Number</b>	from: <input style="width: 90%;" type="text"/>		to: <input style="width: 90%;" type="text"/>
<b>Policy Holder(s) Name(s)</b>	1. <input style="width: 90%;" type="text"/>		4. <input style="width: 90%;" type="text"/>
	2. <input style="width: 90%;" type="text"/>		5. <input style="width: 90%;" type="text"/>
	3. <input style="width: 90%;" type="text"/>		6. <input style="width: 90%;" type="text"/>
<b>Policy Holder 1 Residential Address:</b>	<input style="width: 100%; height: 20px;" type="text"/>		
	<input style="width: 300px; height: 20px;" type="text"/>	<b>Telephone Number:</b>	<input style="width: 150px; height: 20px;" type="text"/>

## A) Declaration of Loss

**I/WE DO MAKE OATH AND SAY**

1. That I am/we are the Policy Holder(s) of the above numbered Policy(ies) and of the monies assured thereby/being (executor/administrator of the Assured/as trustee under a trust/by way of assignment(s), a copy or copies of which is/are attached hereto and marked Exhibit(s). I/We confirm that I am/we are able to give an effectual discharge for the same.
2. That I/we have personal knowledge of the matters detailed herein.
- 3) That the statements made in answer to the following questions are true and complete:

a) Was the Policy Document lost <input type="checkbox"/> or destroyed? <input type="checkbox"/> (tick as appropriate)    On what date was the loss or destruction discovered?
Give details of the loss or destruction
b) In whose possession was the Policy Document at the time of its loss or destruction?
c) Have any of the Policies under the Plan been assigned or any interest therein been sold pledged or otherwise disposed of to any person by way of security or otherwise?                      If so, give details
d) Was the Policy Document delivered to any other person for any other purpose?                      If so, give details
e) Have you made a careful search for the Policy Document?                      (State where and when)

<b>Signature(s) of Policy Holder(s)</b>		<i>This date cannot be more than one month prior to receipt by the Company</i>
1. <input style="width: 90%;" type="text"/>	Date of signature	4. <input style="width: 90%;" type="text"/>
2. <input style="width: 90%;" type="text"/>	Date of signature	5. <input style="width: 90%;" type="text"/>
3. <input style="width: 90%;" type="text"/>	Date of signature	6. <input style="width: 90%;" type="text"/>

I certify that the Policy Holder(s) acknowledge that they know and understand the contents of this affidavit, have no objection to taking the prescribed oath, considering it binding on their conscience, and I certify that I have satisfied myself as to the identity of the Policy Holders and that their signatures or marks were made in my presence.

Signed before me at	this	day of	20
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Advocate, Lawyer, Solicitor, Accountant, Bank Employee, Commissioner of Oaths or Notary Public	Official Stamp
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## B) Indemnity

Please tick the appropriate box:  **Payment is requested without production of Policy Document**

In consideration of the payment to be made to me/us by the Company under the provisions of the Policy(s) mentioned in the declaration on the reverse hereof, (and by way of discharge of the same) without production of the Policy Document to the Company, I/we hereby undertake and agree with the Company at all times to hold harmless and keep indemnified the Company from and against all claims and demands, and against all losses, damages, expenses and charges which it may sustain, incur or be liable to in respect of, or arising from, or in connection with the making of the said payment without production of the said Policy Document. I/We further agree that if at any time the said Policy Document shall be found, I/we will immediately return it to the Company.

**Copy of the Policy Document is requested**

In consideration of the issue of a copy of the Policy Document mentioned in the declaration on the reverse hereof, I/we hereby undertake and agree with the Company at all times to hold harmless and keep indemnified the Company from and against all claims and demands, and against all losses, damages, expenses and charges which it may sustain, incur or be liable to in respect of, or arising from, or in connection with the loss or destruction of the said Policy Document and the issue of the said copy thereof, and I/we further agree that if at any time the original Policy Document shall be found, I/we will immediately return the said copy of the Policy Document to the Company.

*These dates cannot be more than one month prior to receipt by the Company*

<b>Signature of Policy Holder 1</b>	Date of signature
<b>Name of Witness</b>	
<b>Occupation of Witness</b>	
<b>Residential Address of Witness</b>	
<b>Signature of Witness</b>	Date of signature

<b>Signature of Policy Holder 2</b>	Date of signature
<b>Name of Witness</b>	
<b>Occupation of Witness</b>	
<b>Residential Address of Witness</b>	
<b>Signature of Witness</b>	Date of signature

<b>Signature of Policy Holder 3</b>	Date of signature
<b>Name of Witness</b>	
<b>Occupation of Witness</b>	
<b>Residential Address of Witness</b>	
<b>Signature of Witness</b>	Date of signature

<b>Signature of Policy Holder 4</b>	Date of signature
<b>Name of Witness</b>	
<b>Occupation of Witness</b>	
<b>Residential Address of Witness</b>	
<b>Signature of Witness</b>	Date of signature

<b>Signature of Policy Holder 5</b>	Date of signature
<b>Name of Witness</b>	
<b>Occupation of Witness</b>	
<b>Residential Address of Witness</b>	
<b>Signature of Witness</b>	Date of signature

<b>Signature of Policy Holder 6</b>	Date of signature
<b>Name of Witness</b>	
<b>Occupation of Witness</b>	
<b>Residential Address of Witness</b>	
<b>Signature of Witness</b>	Date of signature