

NEVER RECEIVED / LOST POLICY DECLARATION
PAYMENT OF BENEFITS/DUPLICATE DOCUMENTS (delete as appropriate)

To: **Generali PanEurope Limited**

Product

Policy No(s)

Commencement Date

Life / Lives Assured

I the undersigned policyholder, do declare in accordance with SECTION
(please enter number of section applicable)

SECTION 1 – DUPLICATE DOCUMENTS

- a) that I have never received the said policy document(s).
- b) that I have never at any time dealt with the title to the policy(s) by way of assignment, mortgage, charge or lien of any sort and I am the only person legally entitled to the benefits.

SECTION 2- PAYMENT OF BENEFITS

- a) I hereby declare that in consideration of the payment of the benefits under the above policy(s) by the Company to me without the delivery of the policy document(s). I undertake and agree to hold the Company harmless and indemnified from and against all claims demands loss damages and expenses that may be sustained at any time in consequence of such payment having been so made or by reason of any claim or demand by any person other than me.
- b) I further undertake and agree to produce the policy document(s) to the Company if and as soon as it shall be found.
- c) that I fully believe that the policy document(s) was lost or destroyed in the following circumstances.....
.....
- d) that I have never at any time dealt with the title to the policy(s) by way of assignment, mortgage, charge or lien of any sort and I am the only person legally entitled to the benefits.

First Policyholder

Second Policyholder (if applicable)

NAME:

NAME:

SIGNED:

SIGNED:

DATE:

DATE:

In the presence of:

In the presence of:

NAME:

NAME:

ADDRESS:

ADDRESS:

.....

.....

.....

.....

SIGNED:

SIGNED:

A witness should not be related to the policyholder, must be a person in authority such as a doctor, lawyer, notary public etc and should provide their full name and address.