

Role Details	Full Name	Date of Birth				Gender	Height(cm)	Weight(kg)	
Life Assured		D	D	M	M	Y	Y	Y	Y
Policyholder		D	D	M	M	Y	Y	Y	Y
Father/Spouse		D	D	M	M	Y	Y	Y	Y

Note: Valid age proof with New Name and Date of Birth is required for processing the request

DUPLICATE POLICY REQUEST

AT CORRESPONDENCE ADDRESS

AT THE MENTIONED BRANCH

Lost the Policy Document Not received the Policy Document Remarks _____
 ₹295/-¹ Indemnity Bond on ₹100 Stamp Paper¹ Bank Statement showing the Remittance proof²
 Photo ID Proof Colored Photograph Copy of Photo ID Proof provided at the time of Policy Inception
 Cancelled Cheque Leaf

Note :

- ₹295/- and Indemnity Bond on ₹100 Stamp Paper is required only if the request is received after 1 year of the policy commencement date or if Policy is lost
- Bank Statement showing the Remittance proof is applicable where premium is received through NEFT/ECS/Cheque

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I permit/authorize the Company to collect, store, communicate and process information relating to the Account and all transactions therein, by the Company and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.

Signature/Thumb Impression of Policyholder/Assignee/Trustee

Signature/Thumb Impression of Joint Life Assured

Date

D	D	M	M	Y	Y	Y	Y
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If the form is signed in Vernacular/Thumb Impression, the below declaration should be made by a person who is not connected to Aviva Life Insurance Company India Ltd. Kindly submit a self attested copy of the Photo Identity Proof of the Declarant.

Declarant's Name _____ Occupation _____

Declarant's Address & Contact Number _____

Declarant's Signature

FOR BRANCH USE ONLY




Service Request ID _____

Branch Name _____ Employee Code

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Employee Name & Signature

Branch Stamp & Date

 Aviva Life Insurance Company India Limited Aviva Tower, Sector Road, Opposite Golf Course DLF Phase-V, Sector 43, Gurugram-122003 www.avivaindia.com	 Customer Service Helpline Number 1800-103-77-66 (Toll Free) 0124-270-9046	 Email customerservices@avivaindia.com
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