

LETTER OF INDEMNITY**(To be executed by the Insurant in absence of Original Policy document)**

I..... held myself and my family bound to the Department of Posts (hereinafter called India Post), in the sum of (sum assured of the policy) of lawful money to be paid on demand or without demand to India Post, its attorneys, successors or assignees for which I bind myself, my executors, administrators, successors, and representatives, firmly by this declaration.

Whereas on the day of I, Sh./Smt./Ms..... (the policy holder), purchased from India Post, a PLI/RPLI Policy Numbered.....of the sum assured Rs..... bearing a premium of Rs.....per.....(month/quarter/half year/year) payable up to the (month & year) and I have applied to India Post for the settlement of my Maturity claim and payment of money in respect of the said policy AND Whereas the policy has been lost/untraceable and is not forthcoming AND Whereas I have not produced the said policy issued to (name of the Insurant) by India Post AND Whereas I declare that the said policy has not been assigned or transferred to anybody or disposed of in any other way with such consideration as here under is written.

I hereby undertake to refund all the money with interest to India Post in case of wrong information furnished above leading to unjust payment to me.

Provided further that the liability of sureties hereunder shall not be impaired or discharged by reason of time being granted or any forbearance act or omission of India Post or any person authorised by them (whether with or without the consent or knowledge of the sureties) nor shall be necessary for India Post to sue me (Claimant) before suing the sureties for amounts due hereunder.

Signature/Thumb Impression of the Insurant	
Name	
Complete Address	
Mob & email Id	

Signed sealed and delivered by the above

Witness	Name, Address and contact details	Signature
Witness 1		
Witness 2		

Sureties	Name, Address and contact details	Signature
Surety 1		
Surety 2		

Signed sealed and delivered by the above

Witness for Sureties	Name, Address and contact details	Signature
Witness 1		
Witness 2		

Note: Self Attested copy of ID proof and Address proof of all Sureties and Witnesses are to be enclosed with this Letter of Indemnity.