

Original Policy Document Replacement Form

Who should complete this form?

The form should be completed by the legal owners of the Policy however;

- If the Policy is assigned the form should be completed by the Assignee.
- If the Policy is in trust the form should be completed by the Trustee/s

Please tick as appropriate A ,B or C below

- A** This form is being completed as a request to issue me/us with a replacement Policy Document as I/we have **misplaced** my our Original Policy Document, ☐
- or**
- B** This form is being completed as a request to issue me/us with a replacement Policy Document as **I never received** an Original Policy Document. ☐
- or**
- C** This form is being completed in place of the Original Policy Document (which is unavailable/lost) and accompanies a request to cancel or make a claim/encashment on this policy therefore no actual re-issue of the Original Policy Documents is required. ☐

Policy Number:

1st Life Assured:

Date of Birth:

D	D	M	M	Y	Y	Y	Y

2nd Life Assured:

Date of Birth:

D	D	M	M	Y	Y	Y	Y

Address:

Declaration and Indemnity - Please complete Parts A and B below

Part A: Questions

- 1 Are you the original policyholder(s) of this Policy? ☐ Yes ☐ No
- 2 Has the Policy been assigned, mortgaged, sold, deposited as security for a loan or otherwise dealt with? ☐ Yes ☐ No
- 3 Has the Policy been passed to a Third Party? ☐ Yes ☐ No
- 4 Why is the Original Policy Document unavailable/lost?

- 5 What action has been taken to recover the Original Policy Document?

Part B: Declaration and Indemnity

I/We hereby declare that the answers to the questions above are, to the best of my/our knowledge and belief true. I/We agree to hold harmless New Ireland Assurance Company plc from and against all claims, costs, charges and expenses which it may incur by reason of the loss of this Policy and/or in consideration of the Company issuing a replacement duplicate Policy. I/We also agree to deliver the Policy to the Company should it hereafter come into my/our possession.

Signed:

Date:

D	D	M	M	Y	Y	Y	Y

Signed:

Date:

D	D	M	M	Y	Y	Y	Y

Branch Stamp (if policy is assigned):

Please return this form by post to: New Ireland Assurance Company plc., 11-12 Dawson Street, Dublin 2.

Note: The Company reserves the right to seek an independent third party indemnity.

Official Use Only:

District

Agency

Broker



NEW IRELAND
ASSURANCE

New Ireland Assurance Company plc.,

11-12 Dawson Street, Dublin 2.

T: 1890 309 309 F: 01 7039500.

E: info@newireland.ie W: www.newireland.ie