

Agreement Pertaining to Loss or Destruction of Policy



REMINDERS:

Please use **CAPITAL LETTERS** and **black ink**.
Tick the appropriate box to indicate your choice.
Please do not sign on a blank form.
If not applicable, put "N/A" in all empty fields.

PRU LIFE INSURANCE CORPORATION OF U.K.

9/F Uptown Place Tower 1, 1 East 11th Drive, Uptown Bonifacio,
1634 Taguig City, Philippines
Customer helpdesk: (632) 683 9000, (632) 884 8484, (632) 887 LIFE
within Metro Manila, 1 800 10 PRULINK for domestic toll-free
Email: contact.us@prulifeuk.com.ph • Website: www.prulifeuk.com.ph

(For office use only) Date received: _____ Time: _____ am/pm Received by/Department: _____

Client information

Name of Life Insured			Date of birth		
Last name	First name	MI	Month	Day	Year
Name of Policyowner			Policy number		
Last name	First name	MI	_____		
Present address			Place of birth		
_____			_____		
Permanent address			Sex		
_____			_____		
Phone number			Nationality		
_____			_____		
Mobile number			TIN		
_____			_____		
Email address			SSS/GSIS No.		
_____			_____		
Name of employer			Nature of work		
_____			_____		
Nature of self-employment/business			Sources of funds		
_____			_____		
Name of beneficiaries, if applicable			Update existing record		
_____			<input type="checkbox"/> Yes <input type="checkbox"/> No		

The details above pertaining to the Policy issued or assumed by Pru Life UK has been lost or destroyed and I have no knowledge as to its whereabouts; that no person/s, corporation/s, or association/s, has/have any claim or interest in the said Policy by virtue of any sale, assignment of pledge thereof, except as follows:

Name of assignee, if any:

The circumstances of the loss or destruction were as follows:

The Policy was stolen.
 The Policy was lost/destroyed due to _____
 Others: _____

On the basis of the above policy data and statement, I hereby request that Pru Life UK issue a copy of the Policy described above to evidence the contract witness thereby, the said copy of the numbered the same as the original except for the mark **"DUPLICATE COPY ONLY"**.

In consideration of the granting of this request, I undertake and agree as follows:

- That the said copy shall stand in the place and stead of the original Policy for all purposes, and that the original Policy, if still in existence, shall be of no further force and effect as evidence of the insurance contract of which it bore witness.
- That the original Policy, if it later comes into my possession, shall be returned promptly to the Company.
- That I will save the Company harmless from all loss or injury which may occur as a direct or indirect result of its act of issuing said copy.

Executed at _____ this _____ day of _____ 20 _____.

Signature over printed name
of witness

Signature over printed name
of Life Insured/Policyowner

Signature over printed name
of witness

Signature over printed name
of irrevocable beneficiary

See reverse side

ACKNOWLEDGMENT

Republic of the Philippines
City of _____)

Before me, a Notary Public in and for _____ Philippines, personally appeared the following persons, with their respective Community Tax Certificates, to wit:

_____	_____	_____
Name	CTC number	Date and place of issue

Both known to me and to me known to be the same person/s who executed the foregoing agreement pertaining to loss or destruction of Policy and each of them acknowledges that they executed the same freely and voluntarily for the use and purpose stated therein.

In witness whereof, I have hereunto set my hand and affixed my notarial seal on this _____ day of _____, 20____ in _____

Doc number _____ :
Page number _____ :
Book number _____ :
Series of _____ :

NOTARY PUBLIC