



NATIONAL INSURANCE COMPANY

Life & Pensions

# DISCLAIMER FORM

Date: dd/mm/yyyy

**The Manager  
NIC Center,  
217 Royal Road,  
Curepipe, Republic of Mauritius.**

I/We hereby certify being the policyholder(s) of the original insurance policy/policies dated .....

Bearing policy reference No. .... issued in my/our joint name(s):

.....  
I/We hereby declare that the said policy/policies is/are lost, despite several searches made to that effect and that I/We have reported this lost to the police and confirm that it/these has/have not been pledged/assigned in favour of any financial institution (banking or non-banking) as collateral security.

Should any proceeds of the said policy/policies by way of any claim on benefit arising thereof be paid to me/us and that, if, any claim is filed by any other third party thereafter, I/we shall be fully responsible to reimburse the National Insurance Co. Ltd, immediately for full sum of money paid to me/us, in respect of this specific liability.

Yours faithfully,

.....  
Name of Policyholder (1)

.....  
Name of Policyholder (2) (as applicable)

.....  
Signature of Policyholder (1)

.....  
Signature of Policyholder (2) (as applicable)

Residential address: ..... City: .....

Residence Tel No.: ..... Office Tel: ..... Mobile: .....

Email address: .....

Date: ..... / ..... / .....

## FOR OFFICE USE ONLY

I....., certify that policyholder(s) has/have signed the Disclaimer Form in my presence at ..... on dd/mm/yyyy

.....  
Signature of witness

.....  
Designation