

BRITISH AMERICAN INSURANCE COMPANY (TRINIDAD) LIMITED

Affidavit of Loss and Request for Duplicate Policy

I hereby certify that I am the owner of the Policy No. ('said policy') issued by British American Insurance Company (Trinidad) Limited, that the Beneficiary named in said Policy is and that no person or persons, corporation or association has any claim or interest in the said policy by virtue of any sale, assignment or pledge therefore, except as follows:

.....
.....

(Give names and addresses: if no exceptions, insert "No Exceptions")

I further certify that said policy is lost and that the circumstances of the loss or destruction were as follows:

.....
.....
.....

(Give full details as to the loss or destruction)

Sworn to before me)
this day of)
at)

Commissioner of Affidavits

On the basis of the above affidavit, I hereby request that British American Insurance Company (Trinidad) Limited issue a duplicate of the policy described above, or a certificate of insurance to evidence of the contract witnessed thereby, said duplicate or certificate to be numbered the same as the original. In consideration of the granting of this request, I undertake and agree as follows:

1. That said duplicate shall stand in the place and stead of the original policy for all purposes.
2. That if the original policy is later found, the duplicate or certificate shall be returned promptly to the insurer for cancellation and the original returned for endorsement of any policy changes since issuance of duplicate or certificate.
3. That I will assume all liability for loss or injury to said Company which may occur as a direct or indirect result of issuing this duplicate policy or certificate of insurance.

Dated at this day of 20

Witness

Signature of Insured if present age is 16 or older

Witness

and/or Signature of Original Beneficiary
if present age of Insured is under 21

Representative Dist. No. Debit No. Register Page

Address of Policyholder