

വിഷ്ണു നേട്ര് ലൈഫ് ഇന്ററന്യൂറൽ കമ്പനീ ലിമിറ്റേഡ്,
 ପଞ୍ଜିକୃତ ଅଫିସ୍: ୟୁନିଟ୍ ନଂ 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, କର୍ଣ୍ଣାଟକ, ଇଣ୍ଡିଆ. IRDA ରେଜିଷ୍ଟ୍ରେସନ୍ ନଂ 117. CI ନଂ U66010KA2001PLC028883,
 ଆମକୁ ଟଲ୍-ଫ୍ରି 1-800-425-6969, ୱେବସାଇଟ୍ www.pnbmetlife.com ଉପରେ ଲେଖି indiaservice@pnbmetlife.co.in କିମ୍ବା ଆମକୁ 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062. ଫୋନ୍: +91-22-41790000, ଫାକ୍ସ: +91-22-41790203

Duplicate Policy Request Form

ପୋളିସି ଆପେକ୍ଷା ହୋଇଥିବା ଶରୀକରଣ

Policy Number: ପୋളିସି ନମ୍ବର:	<input type="text" value="/"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Name of Policy Owner: ପୋളିସି ଉତ୍ତରଦାତାଙ୍କ ନାମ:	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Name of Life Insured: ଜୀବନ ରକ୍ଷା ହୋଇଥିବା ବ୍ୟକ୍ତିଙ୍କ ନାମ:	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Address of Policy Owner:	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

Details of Lost Document

ନଷ୍ଟ ହୋଇଥିବା ଦସ୍ତାବିଜର ବିବରଣୀ

How was the Policy Document lost? ପୋളିସି ଦସ୍ତାବିଜ କିପରି ନଷ୍ଟ ହୋଇଥିଲା?			
Probable place where the Policy Document was lost or misplaced: ପୋളିସି ଦସ୍ତାବିଜ କେଉଁଠି ନଷ୍ଟ ହୋଇଥିଲା କିମ୍ବା ଭୁଲ୍ ହୋଇଥିଲା:	Probable date when the Policy Document was lost or misplaced: ପୋളିସି ଦସ୍ତାବିଜ କେତେବେଳେ ନଷ୍ଟ ହୋଇଥିଲା କିମ୍ବା ଭୁଲ୍ ହୋଇଥିଲା:		
Whether Policy Lost or misplaced is original / duplicate / copy of the Policy: ନଷ୍ଟ ହୋଇଥିବା ଦସ୍ତାବିଜ ମୂଳ / ଦୁପ୍ଲିକେଟ / କପି କିମ୍ବା ନକଲ୍ ଅଟେ:	Whether the Policy was assigned: ପୋളିସି ନିୟୁତ୍ତରଣ କରାଯାଇଛି କି ନାହିଁ:		

The above details are true to the best of my knowledge and belief. Please issue me a duplicate Policy. I hereby agree to return the policy Document which is presumed to have been lost or misplaced irrecoverably as and when traced and declare not to make any further claims thereunder in future.

ଏହା ଉପରୋକ୍ତ ବିବରଣୀ ସତ୍ୟ ଅଟେ ଏବଂ ମୋର ବିଶ୍ୱାସ ଅଟେ। ଦୟାକରି ମୋର ପାଇଁ ଦୁପ୍ଲିକେଟ ପୋളିସି ଦସ୍ତାବିଜ ଜାରି କରନ୍ତୁ। ମୁଁ ଏଠି ସ୍ୱୀକାର କରୁଛି ଯେ ମୋର ଦସ୍ତାବିଜ ହରାଇ ହୋଇଛି କିମ୍ବା ଭୁଲ୍ ହୋଇଛି ଏବଂ ଯେତେବେଳେ ମୁଁ ତାହା ଖୋଜି ପାରୁଛି ତେବେ ମୁଁ କୌଣସି ଅଧିକ ଦାବୀ କରିବି ନାହିଁ।

Signature of Policy Owner:
ପୋളିସି ଉତ୍ତରଦାତାଙ୍କ ଛାପ:

Date:

Note : The present policy servicing form contains original content in English along with its vernacular translation. In the event of any disagreement arising between the translated version and the original English version, the English version shall be considered as final and shall prevail.

ନୋଟ୍ : ଏହି ପୋളିସି ସର୍ଭିସ୍ ଫର୍ମରେ ମୂଳ ଇଂଲିଶ୍ ଭାଷାରେ ଓ ତାହାର ସ୍ଥାନୀୟ ଭାଷାରେ ଅନୁବାଦିତ ରୂପରେ ପ୍ରଦର୍ଶିତ ଅଛି। ଯଦି କୌଣସି ଅସମ୍ମତ ହେଉଛି ତେବେ ଇଂଲିଶ୍ ଭାଷାରେ ଉଲ୍ଲେଖ କରାଯାଇଥିବା ସର୍ତ୍ତାବଳୀ ଗ୍ରହଣ କରାଯିବ।