

Agreement Pertaining to Loss or Destruction of Policy

PRU LIFE U.K. 

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) 8683 9000, (632) 8884 8484, (632) 8887 LIFE
within Metro Manila, 1 800 10 PRULINK for domestic toll-free
Email: contact.us@prulifeuk.com.ph Website: www.prulifeuk.com.ph

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.

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

CLIENT INFORMATION

Name of Life Insured (Last name, First name, MI)		Date of birth (mm/dd/yyyy)
<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of Policyowner (Last name, First name, MI)		Policy number
<input type="text"/>		<input type="text"/>
Present address		Place of birth
<input type="text"/>		<input type="text"/>
Permanent address		
<input type="text"/>		
Phone number	Mobile number	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of irrevocable beneficiary/ies, if applicable		
<input type="text"/>		

The details above pertaining to the Policy issued by Pru Life UK has been lost or destroyed and I have no knowledge as to its whereabouts; no person, corporation or association has 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: _____

Preferred Pick-up Location of Copy of the Policy

☐ (Customer Center _____); ☐ (GA Branch _____)

On the basis of the above client information and statement, I hereby request that Pru Life UK issue a copy of the Policy described above the same as the original except for the mark "**DUPLICATE COPY ONLY**".

In consideration of Pru Life UK granting this request, I undertake and agree as follows:

1. 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.
2. That the original Policy, if it later comes into my possession, shall be returned promptly to the Company.
3. 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.

Purpose Statement:

We will process the information you have provided in this form for the purpose of handling your request in accordance with applicable privacy laws and regulations. During processing, we may share the information you provided to our authorized data processors, including couriers and contractors for anti-money laundering systems, photocopying, scanning, indexing and printing services. We may share your information with governmental and other regulatory authorities, or self-regulatory bodies in various jurisdictions as required or allowed by applicable laws and regulations. Any information collected may be retained by Pru Life UK and our authorized data processors until ten (10) years from the date of termination of the policy.

You may revisit our privacy policy through our website at (<https://www.prulifeuk.com.ph/en/footer/privacy-policy/>). For data privacy concerns, please contact our Data Privacy Officer at:

Telephone:	(632) 8887 5433 for Metro Manila, 1 800 10 7785465 via PLDT landline for domestic toll-free
Email:	dpo@prulifeuk.com.ph

EXECUTED AT THIS
PLACE DATE COMPLETED (mm/dd/yyyy)

✓ Signature over printed name
of witness/agent

✓ Signature over printed name
of Life Insured/Policyowner

✓ Signature over printed name
of witness/agent

✓ Signature over printed name
of irrevocable beneficiary

AGREEMENT PERTAINING TO LOSS OR DESTRUCTION OF POLICY**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

Known to me and 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