Apply

partners life

Declaration of Loss or Destruction of Policy Document

1.0 Policy owner's details

Policy owner 1 (PO1)

Mr ☐	First name	
Mrs ☐	Middle name(s)	
Miss ☐	Surname	
Ms ☐	Previous name	
Other		Date of birth
OR company name		

Policy owner 2 (PO2)

Mr ☐	First name	
Mrs ☐	Middle name(s)	
Miss ☐	Surname	
Ms ☐	Previous name	
Other		Date of birth
OR company name		

2.0 Contact details

Policy owner 1 (PO1)

PO Box ☐   Private Bag ☐   Street number ☐

Number	
Rural delivery no.	Suburb
Town/City	Postcode
Email address	
Contact number	
Alternate contact number	

Policy owner 2 (PO2)

PO Box ☐   Private Bag ☐   Street number ☐

Number	
Rural delivery no.	Suburb
Town/City	Postcode
Email address	
Contact number	
Alternate contact number	

3.0 What has happened to your policy document?

(Please tick the appropriate box)

☐ I did not receive my policy document

☐ I have lost my policy document

☐ I have accidentally destroyed my policy document

☐ Other (please provide details) _____

* This section is to be completed by the policy owner(s)

4.0 Address details

Please provide the address where you want us to send the replacement policy.

PO Box ☐   Private Bag ☐   Street number ☐

Number	
Street number	
Rural delivery no.	Suburb
Town/City	Postcode

5.0 Declaration

I declare that I have made a thorough search for the policy in all possible places in which the policy is likely to have been and it has not been found, and to the best of my knowledge and belief:

- The policy is not held by any person, bank or company

- The policy has not been sold, assigned, used in support of a mortgage, or deposited as security with any person, solicitor, bank or company

I hereby undertake to indemnify Partners Life Limited, its directors, officers and agents or any of them against claims, costs, damages, expenses, or other liabilities and proceedings arising from the loss of this policy or from providing a replacement policy and from any reliance by Partners Life Limited of any matters set out in this statement. I agree we will return the policy document being replaced immediately if it is found. I also understand that a replacement policy document makes any previous policy documents null and void.

First policy owner's name/company details

Name of witness

Signature/authorised signature of first policy owner

Signature of witness

Date

Date

First policy owner's name/company details

Name of witness

Signature/authorised signature of first policy owner

Signature of witness

Date

Date

Once completed please scan and email to service@partnerslife.co.nz or post to:
Partners Life Limited. Private Bag 300995, Albany, Auckland 0752, New Zealand