

Alliance Insurance (Public Shareholding Company)
P.O. Box 5501, Dubai, U.A.E.
Tel : (971 4) 6051111, Fax : (971 4) 6051112, 6051113
Website: www.alliance-uae.com
Subject Federal Law No. (6) of 2007 on insurance & registered
under insurance companies registration No. 18/1984

اللائنس للتأمين (شركة مساهمة عامة)
ص. ب. ٥٥٠١، دبي، الإمارات العربية المتحدة
هاتف: ٦٠٥١١١١ (٩٧١ ٤)، فاكس: ٦٠٥١١١٢/٣ (٩٧١ ٤)
Website: www.alliance-uae.com
خاضعة لإحكام قانون التأمين الإتحادي رقم (٦) لسنة ٢٠٠٧ م
ومسجلة في سجل شركات التأمين تحت رقم ١٨/١٩٨٤



DECLARATION

FOR LOSS OF POLICY DOCUMENT

Policy No.	
Life Assured	
Commencement Date	

I hereby declare that the above policy, issued to me by ALLIANCE INSURANCE (PSC) Dubai, UAE on my life has been lost and is not traceable. I further declare that the policy was not assigned to anybody and was free from all encumbrances and was in my possession at the time of loss. I further undertake to indemnify the Company for any loss suffered due to negligence or omission on my part through the loss of the policy.

I also undertake that whenever the lost Policy document is found it will be returned to the Company for cancellation.

Signed at _____ this _____ Day of _____

Policy Owner

Witness : _____

Signature : _____

Name : _____

Mobile : _____

Email : _____