(Format of Affidavit in Rs 10 NJ Stamp paper for Issue of Fresh Cheque in lieu of Mislaid Cheque)

I/We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby solemnly affirm and state as follows :

I/We have to receive a sum of Rs \_\_\_\_\_\_\_\_\_\_\_ from the Magma HDI General Insurance Co. Ltd. (briefly stated hereinafter as Company) on account of full and final settlement of claim arising out of Accident/Theft to my vehicle bearing Regn no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on and around \_\_\_\_\_\_\_\_\_\_\_\_ and insured vide Policy no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

I/We received from the Company a Cheque no. \_\_\_\_\_\_\_\_\_\_\_\_\_ dt \_\_\_\_\_\_\_\_\_\_\_\_ drawn on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ towards settlement of above dues and the same was mislaid by me.

The Company is ready and willing to issue a fresh cheque in lieu of the lost cheque provided I/We make a declaration that the said cheque has not been transferred or dealt with by me/us in any other manner which may result in re-encashment at a later date.

In consideration of the Company agreeing to issue a fresh cheque, I/We undertake that I/We will not deal with the said cheque to be negotiated either by endorsement or otherwise. I/We further agree that I/We shall be liable for all consequences for breach of this undertaking given hereto.

Solemnly affirm on this day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

*Witness to the Signature :*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Signature of the payee)*

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_