



LIFE INSURANCE CORPORATION OF INDIA
DEPT. DIVISION

50

(TO BE COMPLETED BY THE LIFE ASSURED / PROPOSER / CLAIMANT UNDER A POLICY WHERE DUPLICATE POLICY IS TO BE ISSUED ON DEATH CLAIM / MATURITY CLAIM / SURRENDER VALUE IS GOING TO BE SETTLED WHERE ORIGINAL POLICY BOND IS LOST / MISPLACED)

Policy Number

Name of Life Assured

- 1) Under what circumstances the policy was misplaced or lost?
- 2) What efforts have been made to trace out the policy?
- 3) Have you assigned the policy to any person, Bank, Institution etc. or dealt with the policy in any other way? If so, give particulars thereof.
- 4) Did you / proposer claim cash option / surrender value or loan under this policy earlier?
- 5) I enclose last letter / receipt received by me from Life Insurance Corporation of India (if any)

I hereby declare that the above information is true to my knowledge and request Life Insurance Corporation of India to issue Duplicate policy or settle the claim / surrender value without original policy document. I am ready to execute Indemnity bond duly notarized and also ready to complete other requirements.

Dated at _____ this _____ day of _____ 20__

Witness :-

Signature of life assured /
/ proposer / claimant :

Signature
Full Name
Occupation
Address

Name
Occupation
Address

- (If the person signs above query form in vernacular or other than the language in which the witness should also certify that the contents of this form is explained to the declarant in vernacular and he/she affixed his/her signature / thumb impression hereto after fully understanding the same.
- This declaration must be completed before (1) an agent of the Corporation (who is a member of the club at the level of Divisional Manager's Club or above) (2) A Block Development Officer (3) a Bank Manager of Branch of State Bank of India or one of the Nationalised Banks with his Rubber Stamp (4) a Gāzelled Officer, (5) a Head Master/Principal of a Local Govt. High/Higher Sec. School (6) a Head Post Master or Departmental Sub-Post Master (but not a Branch Post Master), (7) a Magistrate, (8) an Officer or Development Officer (who has served at least 5 years as Development Officer) of the Corporation, (9) President of a Village Panchayat or Local Body.
- Declaration may be obtained in regional language, but in case of dispute in respect of interpretation of the contents, English version shall stand valid.



भारतीय जीवन बीमा निगम
Life Insurance Corporation of India

F. No. 3815(Rev)

(To be stamped Rs. _____ At the stamp
office or Collector's Office BEFORE EXECUTION or to be
copied out on a non-Judicial stamped Paper of equal value.

To all to whom these present shall come _____
_____ of
(Name of all Payees & Surety)

_____ inhabitants send Greetings

where a Policy of Insurance Numbered _____ for Rs. _____
was granted on _____ by the Life Insurance Corporation of India, established by the
Life Insurance Corporation Act 31 of 1956 (hereinafter referred to as the Corporation) on the life
of _____
(Name of Policyholder)

and WHEREAS _____ which was in
(Policy No. or Assignment Deed Dated)

Possession of _____ has been lost or misplaced
(Name of Policyholder)

and whereas the said Corporation has on the said _____

(Name of all Payees & Surety)

undertaking to enter into the said Corporation a covenant of the nature hereinafter appearing agreed to pay to the said _____

(Name or Name of Payee/s)

_____ the value of the said Policy viz. Rs. _____ now know ye and these presents witness that in pursuance of the said agreement and in consideration of the said Corporation having agreed to pay the value of the said Policy to the said _____

(Name or Name of Payee/s)

(the receipt whereof is hereby acknowledged) they the said _____
(Name or Name of Payee/s & Surety)

_____ their heirs, executors or administrators will from time to time and at all times save and keep harmless and indemnified the said Corporation its successors and assignees of and from all actions, suits, costs claims and demands of whatever nature and kind soever which may be instituted, preferred claimed or made against the said Corporation, its successor or assignees by any persons or person by reason of his, her, their possession of or right to the said original

_____ [Pol. No. or Assignment Deed Dated]

by reason of anything in relation to the premises.

In witness whereof the said _____
(Names of Payee/s & Surety)

have hereunto put their hands at _____ this _____ day of _____ 20__

Signed and delivered by the said _____
(Names of Payee/s & Surety)

In the presence of :

W I T N E S S E S	1) Full Signature of witness _____	1) _____ Signature
	Designation : _____	2) _____ Signature
	Address : _____	
	2) Full Signature of witness _____	Signature of Surety _____
	Designation : _____	
	Designation : _____	Address: _____
	Address : _____	_____

Note : If this Bond is signed in Vernacular one of the attesting witnesses should be requested to certify that the contents of this Bond were explained to the party in vernacular before execution. Illiterate Persons must affix their thumb impression which should be attested by Magistrate S.E.M. A Gazetted officer, a Block Development Officer or Class 1 Officer of the Corporation Provided He is fully satisfied about the identify of the claimant

The Branch Manager
LIC of India
BO-118, 64 JANPATH
NEW DELHI.
Sir,

Date.....

RE: Death Claim of policy no. On the life of Sh./Smt.

This is to inform you that my Sh./Smt.
..... expired on AtAM/PM d
to

Please issue the paper required for claim payment under this policy.

Your's Faithfully

Signature of Claimant

Name :

Address :

.....

LIFE INSURANCE CORPORATION OF INDIA

Divisional Office
.....

Branch Office
.....

CLAIMANT'S STATEMENT

(To be filled in by the person legally entitled to the policy moneys)

(All answers to be filled in legibly. Answers must be given in words, strokes of the pen or dots or dashes cannot be accepted as replies)

In connection with claim under Policy No For Rs.....
on the life of I, as the claimant under the

(insert full name of the deceased)
policy make the following statement:

1. Particulars regarding the claimant :

- (i) Name of the Claimant
 - (ii) Age
 - (iii) Telephone No.
 - (iv) Address
 - (v) Relationship to the deceased life assured
 - (vi) Nature of Title under which the claim for policy money is submitted viz:
Nominee, Assignee, Executor, Administrator, Trustee or
Beneficiary.....
-

2. Particulars regarding the deceased life assured, Shri

- (i) Place of death of the life assured
- (ii) Date of death:Exact time of deathA.M./P.M
- (iii) Age of the life assured at death
- (iv) Duration of last illness
- (v) Immediate cause of the life assured
- (vi) Last occupation of the life assured
- (vii) Last address of the life assured
- (viii) Full name of deceased'd father

3. Particulars regarding other policies on the life of the deceased :

Policy No.	sum Assured issuing	Name of Commencement Office	Date of	Whether with Double Accident or Extended Disability Benefits
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4. (a) When did the deceased first complain of being not in usual good health?
 (b) Nature of illness then complained

5. The names of the medical attendants during the last illness

6. Names and addresses of the doctors consulted during the last three years stating against each name the complaint for which he was consulted and the date or dates thereof;

	Date or Dates or consultation	Name of the Doctor or Hospital and address	Nature of complaint
1.			
2.			
3.			

I,do hereby declare that the statement made hereinabove is true in each and every respect.

Notwithstanding the provisions of any law, usage, custom or convention for the time being in force prohibiting any Physician or Hospital from divulging any knowledge or information acquired by him/them in attending upon or examining a person on the ground of secrecy, I hereby authorise the Physician or Hospital who has attended upon or examined or treated the aforesaid deceased life assured for any ailment or illness to divulge any knowledge or information regarding the deceased's state of health which he/they may have acquired whether before or after the policy was issued by the Corporation, to the Corporation, its offices and legal advisers or in any Court of Law.

Signature/Thumb impression of the claimant.....

Designation.....

Address.....

Declared at.....this.....day of.....

.....19.....before me.

.....
Signature of Witness

**IF THE DECLARANT SIGNS IN VERNACULAR OR AFFIXES
THUMB IMPRESSION, THE WITNESS SHOULD ALSO SIGN
THE FOLLOWING DECLARATION**

**CERTIFIED THAT THE CONTENTS OF THIS FORM WERE EXPLAINED TO THE
DECLARANT IN VERNACULAR AND HE/SHE HAS AFFIXED HIS/HER
SIGNATURE/THUMB IMPRESSION HERETO AFTER FULLY UNDERSTANDING THE
SAME.**

Countersigned by

Signature

Designation.....

Address

.....

(This statement must be countersigned by (1) an Advocate, (2) an Agent if the Ciroiratuib (who is a member of an Agents' club at the level of Divisional Manager's Club or above), (3) a Bank Manager, (4) a Block Development Officer, (5) a Commissioner of Oaths, (6) a Doctor, (7) a Gazetted Officer, (8) a Head Master of a High School, (9) a Head Post Master or Departmental Sub-Post Master (but not a Branch Post Master), (10) a Magistrate, (11) An Officer or Development Officer of atleast 3 years standing or confirmed Development Officer recruited from the Agents, who were DM or BM Club Members before joining or Development Officer recruited from agents who were ZM or Chairman's Club members before joining or (12) President of a Village Panchayat or Local Body.



भारतीय जीवन बीमा निगम
Life Insurance Corporation of India
Central Office, Mumbai

Divisional Office

Branch Office

DISCHARGE FOR DEATH CLAIM UNDER POLICY NO.

Dated

On the life of Shri/Smt

I/We the nominee(s)/assignee(s)/legal representatives of the above named life assured by virtue of the nomination/assignment/legal evidence of title dated granted to me/us by the do hereby acknowledge receipt from the Life Insurance Corporation of India, of the sum of Rupees(in words) including the amount of Bonus, in full and final satisfaction and discharge of all my/our claims and including the amount of Bonus, in full and final satisfaction and discharge of all my/our claims and demands under the above mentioned Policy on the life of the above mentioned person, who died on and which policy is hereby delivered upto the said Corporation to be cancelled :

Sum Assured/Paid-up Value		Rs	.00
Bonus Allotted/ Loyalty Additions		Rs	.00
Interm Bonus		Rs	.00
Final Additional Bonus		Rs	.00
Difference of premium on account of overstatement of age		Rs	.00
Refund of extra premium for Sex, DAB, EPDB and Occupation		Rs	.00
Gross Claim Amount		Rs	.00
Less			
Unpaid instalments of premium due in the Policy year of death		Rs	.00
Late fee thereon		Rs	.00
A.N.F Debt		Rs	.00
Loan		Rs	.00
Interest on Loan		Rs	.00
Amount recoverable on account of			
Understatement of age	Rs	.00	Rs .00
Others	Rs	.00	Rs .00
Total Deductions	Rs	.00	Rs .00
NET CLAIM AMOUNT		Rs	.00

Dated at this day of

Signed by Shri/Smt
in the presence of *

1 Re.
Revenue
Stamp

Signature of witness
Full Name
Designation
Address

Signature of claimant/s

Fathers Name :
Husband Name :
Address :

Notes :

- (1) Payment will be made by a crossed and order cheque, if payment is desired by M.O (Net upto Rs. 1000/- only) or a Demand Draft, it can be made at the claimant's cost and at his/her risk and responsibility on his/her signing the following note of request.

I/We hereby request the Corporation to pay the aforesaid amount by M.O /Demand Draft on the Bank, at my/our own risk and responsibility. I/We further agree to the M.O. Commission/Bank Charges being deducted from the claim amount .

(Signature of Claimant/s)

- (2) This form must be completed before (1) an advocate, (2) an Agent of the Corporation (who is a member of an Agents club at the level of Divisional Manager's club or above), (3) a Bank Manager, (4) a Block Development Officer, (5) a Commissioner of Oaths, (6) a Doctor, (7) a Gazetted Officer, (8) a Head Master of a High School, (9) a Head Post Master or Departmental Sub-Post Master but not a Branch Post Master, (10) a Magistrate, (11) An Officer or Development Officer of atleast 3 years standing (12) A confirmed Development Officer recruited from the Agents, who were DM or BM Club Members before joining (13) A Development Officer recruited from agents who were ZM or Chairman's club members before joining (14) President of a Village Panchayat or Local Body.
- (3) If more than one person have signed the Discharge Form, the names of all the persons should be stated.
- (4) A female when signing, must add her father's as well as her husband's name after her own, describing herself as a daughter of Shri and wife/widow of shri
- (5) "In case the claimant affixes thumb impression or if this form is signed by more than one person and payment is desired to be made to only one of them as per the following Note of Authority completed and by all of them, the thumb impression or the signatures on the letter of authority must be attested by an Agent of the Corporation

(who is a member of the club at the level of Divisional Manager's club and above), a Block Development Officer, a Magistrate, or an Officer or Development Officer (with at least 3 years' service as Development Officer) of LIC or a Bank Manager of Branch of State Bank of India or of one of the nationalized banks (provided the attesting Branch Manager signs after affixing an official rubber stamp giving his name and designation as also the name and address of the Bank where he is working) or the Principal/Head Master of a local High School or Higher Secondary School run by Government. Where thumb marks are affixed, the attesting official must make the following signature under his signature :

"Shri/Smt son/daughter of Shri and wife/widow of Shri has affixed his/her thumb marks in my presence after understanding the contents thereof."

Place

Date

We hereby authorize and request the Life Insurance Corporation of India to pay the within mentioned amount of Rs. .00 to Shri/Smt .

Signed by the parties within mentioned in the presence of :- (1)

(2)

Witness
Signature

(3)

(Signature in Full)

Full Name :
Designation :
Address :

I certify that the contents of this Note of Authority were explained by me to Shri/Smt and he/she/they have agreed to payment being made to Shri/Smt the authorised party.

(Signature of Witness)

