

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

Date.....

Sir,

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 due
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)

