ANN-1 (Query Form)

of to



## LIFE INSURANCE OF PORATION OF INDIA DELHI DIVISION-I

.Divisional Office.....Branch

|           |  | ·                                      |   |    |  |
|-----------|--|--|---|----|--|
| POLIC     | COMPLETED BY THE LIFE ASSURED<br>Y IS TO BE ISSUED OR DEATH CLAI<br>ED WHERE ORIGINAL POLICY BONI  | /PROPOSER/CLAIMANT UNDI                | ERAPOLICY WHERE DUPLICA                             | BE |  |
| 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).  |  |   |    |  |
| India t   | by declare that the above information to issue Duplicate policy or settle the classes indemnity bond duly notarized and a                      | alm / surrender value without original | linal policy document. I am read                    |    |  |
| Dated     | atthis   | day of                                 | 20  |    |  |
| Witness:- |  |  | Signature of life assured / / proposer / claimant : |    |  |
| Signa     | iture :  | Name:                                  |   |    |  |
| Full N    | lame :   | Occupation:                            | 1   |    |  |
|           |  |  |   |    |  |

## Address:

Occupation:

(If the person signs above query form in vernacular or affixes his I her thumb impression, 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.

Address:

- 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 Gazetted 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 Magistrale, (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.