Claim form for payment of Postal/ Rural Life Insurance Policy in case of death of Insurant

(Please fill in the columns in CAPITAL letters)

1. Name of Insurant (Mr./Mrs./Ms.)
   - First Name
   - Middle Name
   - Last Name

2. Particulars of Policy
   i. Policy No.
   ii. Sum Assured
   iii. Date of Acceptance
   iv. Date of Maturity
   v. Date of Death of Insurant

3. Cause of death of the Insurant

4. Name of Claimant (Mr./Mrs./Ms.)
   - First Name
   - Middle Name
   - Last Name

5. Communication Address of Claimant
   - Village
   - Taluka
   - City
   - District
   - State
   - Country
   - PIN

6. Age of Claimant
   ________ Years
   (If the claimant is a minor, the person who represents himself to be the minor's guardian/appointee should fill up the entries 8 to 13 overleaf.)

   a) Claimant's relationship to the Insured.
   __________________________________________________________________________

   b) How can it be proved?
   __________________________________________________________________________

Note - If claimant has obtained probate of will of the insurant or certificate of succession or letters of administration, the documents or certified copies should accompany the form:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Note - The answer to the following must be filled by a person who represents himself or herself to be the guardian/appointee of a minor who claims payment of a policy.

8. Are you an adult relative of the minor? State your relationship

9. a) Is the father of the minor deceased? ________

   b) Is the mother of the minor deceased? ________

10. If you are not the father or mother of the minor, have you been appointed guardian of the minor by nomination, will or deed or under any enactment in force in India? Please state and produce the documents in support your claim: __________

11. a) Does the minor reside with you? ________

   b) Is the minor maintained by you? ________

12. Name of the Post Office (if it is Sub Office, write the name of Head Office as well) at which the payment is desired.
   i. Name of Sub Post Office
   __________________________________________________________________________

   ii. Name of Head Post Office
   __________________________________________________________________________
13. **For payment through cheque**, please provide following information about your Post Office/Bank account:-

i. Account No.  

ii. Name of Post Office/ Bank  

iii. Branch Name:  

**Documents submitted in support of claim**

a) Policy Bond  
b) Premium Receipt Book  
c) Attested copy of Death Certificate  
d) Attested copy of Post-mortem report  
e) Copy of FIR in case of unnatural death  
f) Report of the doctor who last attended the deceased, if available

Date:______________

Signature of Claimant
Name:  
Phone no.:  
Office:  
Residence:  
Mobile no.:  

**FOR OFFICE USE**

Certified that I have personally enquired into the truth of the above statements and the signature of the applicant is genuine.

Signature of Enquiry Officer
ANNEXURE-I
(Letter of Indemnity)

To
The Chief Postmaster General/ Postmaster General,

.............................................. (Name of the Circle/ Region)
In consideration of your payment or agreeing to pay me/us...........................................................................
..................................................................................................................(name(s) of legal heir(s)] the sum of
Rs...........................................................................................(Rupees..................................................................) pertaining to PLI/RPLI Policy
No......................................................... with your office in the name of
..................................................................................................................without production of letters of administration or a succession
certificate to the estate of the deceased...................................................(name of the depositor),
I/We............................................................................................................and we...................................................
..................................................................................................................(sureties) do hereby for ourselves and our heirs, legal
representatives, executors and administrators jointly and severally undertake and agree to indemnify you and your
successors and assigns against all claims, demands, proceedings, losses, damages, charges and expenses which
may be raised against or incurred by you by reason or in consequence of having agreed to pay/or paying me/us the
sum as aforesaid.

In witness whereof we have hereunto set my/our hands at this..............................day
of..............................................................in the presence of witnesses.

Signed and delivered by the above named
heir/heirs of the deceased
Signed and delivered by the above named sureties
(Signature, names and address)

1.

2.

Signature, name and address of witnesses:

1.

2.

ATTESTED

NOTARY PUBLIC
To
The Chief Postmaster General/ Postmaster General,

.............................................................................................. (Name of the Circle/ Region)

I/We ................................................................. Husband of/ Wife of late ................................................................. aged........

aged........

aged........ sons/ daughters of the said late ................................................................. resident of .................................................................

................................................................................................. do hereby declare and solemnly affirm as under:

1. That I/We am/are the only heir(s) of the deceased ................................................................. who died at ................................................................. on .................................................................

I/We alone represent the estate of Shri/Smt .................................................................

2. That the deceased ................................................................. did not leave any Will and therefore I/We are the only successor(s) to the estate of the said deceased.

1. 2. 3.

DEPONENTS

Verification: I/We, the above-named deponents do hereby verify on solemn affirmation that the contents of this affidavit are true to the best of my/our knowledge and nothing material has been concealed.

Dated .................................................................

1. 2. 3.

ATTESTED DEPONENTS

OATH COMMISSIONER

ANNEXURE-III

(Letter of disclaimer on Affidavit)

To
The Chief Postmaster General/ Postmaster General,

.............................................................................................. (Name of the Circle/ Region)

I/We (i) ................................................................. Husband of/ wife of ................................................................. Resident of .................................................................

(ii) ................................................................. son/daughter of ................................................................. do hereby declare and solemnly affirm as follows:

1. That Shri/Smt ................................................................. died intestate on leaving behind us .................................................................

his/her only heirs.

2. That we ................................................................. heirs of our late father/mother for ourselves and on behalf of our heirs, executors, representatives and assigns to hereby relinquish our claims to the PLI/RPLI Policy with maturity value of ₹ ................................................................. issued by ................................................................. (name of Circle/Region) in the name of the estate of the said .................................................................

deceased and we have no objection whatsoever in the balance in the above-referred account together with interest, if any, accrued thereon being paid by the Chief Postmaster General/ Postmaster General to Mrs./Mr. .................................................................

1. 2. 3.

DEPONENTS

Verification: I/We, the above-named deponents do hereby verify on solemn affirmation that the contents of this affidavit are true to the best of my/our knowledge and nothing material has been concealed.

Dated .................................................................

1. 2. 3.

I identify the deponent(s) who is/are personally known to me and who has/have signed in my presence.

Dated .................................................................

Oath Commissioner