



### **Claim Application Form for PLI/RPLI (Death Cases)**

(Please fill in BLOCK Capitals)

<b>Service Request No. :</b> (For Official Only)			
1	<b>Policy Details :</b>		
i	Policy No. :	ii	Name of Insurant :
iii	Sum Assured :	iv	Date of Acceptance : (dd/mm/yyyy)
v	Date of Survival Benefit Due : (AEA Policy) (dd/mm/yyyy)	vi	Date of Maturity : (dd/mm/yyyy)
vii	Loan taken against policy : <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please attach Loan Repayment Receipt Book& fill column 2)		
2.	Loan Sanctioned Amount :	Date of Loan Repayment : (dd/mm/yyyy)	
3.	<b>Details of Death of Insurant:</b>		
i	Date of Death : (dd/mm/yyyy)	ii	Cause of Death :
iii	Place of Death (Full Address with Pin Code) :		
4.(A)	<b>Details of Claimant-1:</b>		
i	Name of Claimant :	ii	Age of Claimant *: (if Claimant is minor please fill column 5)
iii	Relationship of Claimant with Insurant:	iv	Proof of Relationship ** :
v	Address:		
	District :	State :	
	PIN Code :	Mobile No :	
	e-Mail ID :	Share of Claim amount (%) :	
4.(B)	<b>Details of Claimant-2 (if Claimant is more than one):</b>		
i	Name of Claimant:	ii	Age of Claimant *: (if Claimant is minor please fill column 5)
iii	Relationship of Claimant with Insurant:	iv	Proof of Relationship ** :
v	Address:		
	District :	State :	
	PIN Code :	Mobile No :	

	e-Mail ID :	Share of Claim amount (%) :	
4.(C)	<b>Details of Claimant-3 (if Claimant is more than one):</b>		
i	Name of Claimant :	ii	Age of Claimant *: (if Claimant is minor please fill column 5)
iii	Relationship of Claimant with Insured :	iv	Proof of Relationship ** :
v	Address:		
	District :	State :	
	PIN Code :	Mobile No :	
	e-Mail ID :	Share of Claim amount (%) :	
5. (A)	<b>To be filled If Claimant is a minor (A) if minor Claimant is more than one:</b>		
i	Name of Guardian/ Appointee :	ii	Relationship with minor claimant :
iii	Is Father of minor claimant deceased (Y/N):	iv	Is Mother of minor claimant deceased (Y/N):
5. (B)	<b>To be filled If Claimant is a minor (B) if minor Claimant is more than one:</b>		
i	Name of Guardian/ Appointee :	ii	Relationship with minor claimant :
iii	Is Father of minor claimant deceased (Y/N):	iv	Is Mother of minor claimant deceased (Y/N):
v	<p>If you are not father or mother of the minor claimant, have you been appointed guardian of the minor claimant by nomination or under any enactment in force in India? Please state and produce document in support of your claim</p> <p>(Claimant A) _____</p> <p>(Claimant B) _____</p>		
vi	Does the minor claimant resides with you : (Yes/No)	vii	Is the minor maintained by you (Yes/No) :
6.	<b>Account Details (if payment desired through Bank Mandate)</b>		
	<input type="checkbox"/> Post Office <input type="checkbox"/> Bank	Account No. :	
	Name of Account Holder:		
	Name of Post Office/Bank:	Branch:	
	IFSC code:	Cancelled Cheque Enclosed (Y/N):	

(\*) Age of Claimant in completed years.

(\*\*) Provide any valid document for proof of relationship between Insurant and Claimant.

**Documents Enclosed:**

Yes/No/ NA(Not Applicable)

1. Original Policy Bond or Letter of Indemnity (Format at Annex III)
2. Self Attested copy of Death Certificate (issued by Local Administration/register of local board/village panchayat/Medical Practitioner or Certificate of Doctor, who last attended the insurer clearly mentioning reason of death)
3. Self Attested copy of Succession Cert./Letter of Administration/Probate of Will, if nomination is not available
4. Self Attested copy of ID proof of the Claimant(s)
5. Self Attested copy of address proof of the Claimant(s)
6. Self Attested copy of FIR (in case of unnatural death of Insurant)
7. Self Attested Post-mortem report (in case of unnatural death of Insurant)
8. Cancelled Cheque of Claimant(s)'s Bank Account(s) for Bank Mandate
9. Documents of Credit or Premium Receipt Book (D.O.C. if Pay policy or Premium Receipt Book if Cash Policy and all the paid premium not updated on McCamish Software)
10. Loan Receipt Book (if Loan taken on Policy)
11. Indemnity Bond (in case of Unanatural death)
12. Any other document(s), pls specify .....

Date: \_\_\_\_\_

Signature/Thumbprint of Claimant/Guardian of Claimant

In case Claimant/Guardian of Claimant is illiterate, there should be two literate witnesses-

Witness	Name & Address	Signature
Witness 1		
Witness 2		

**For Official Use**

**Certified that I have checked all the documents enclosed and compared with the original document produced by the claimant and verified the averments made in the claim form based on these documents and found no discrepancies.**

**Date:-**

**Signature of BPM/SPM/PM/ CPC in-Charge**

**Name :**

**Designation:**

**Office Stamp:**

**Acknowledgement Slip**

**(To be filled by BPM/SPM/Post Master/CPC in-charge and Handed Over to Claimant)**

Claim Application for Policy No. \_\_\_\_\_ received on \_\_\_\_\_ with Service Request No. \_\_\_\_\_ and following documents are received from the Claimant:

<b>Documents Received:</b>	<b>Yes/No/ NA (Not Applicable)</b>
1. Original Policy Bond or Letter of Indemnity	<input type="checkbox"/>
2. Self Attested copy of Death Certificate (issued by Local Administration/register of local board/village panchayat/Medical Practitioner or Certificate from Doctor who last attended the insurer clearly mentioning reason of death)	<input type="checkbox"/>
3. Self Attested copy of Succession Cert./Letter of Administration/Probate of Will if nomination is not available	<input type="checkbox"/>
4. Self Attested copy of ID proof of the Claimant(s)	<input type="checkbox"/>
5. Self Attested copy of address proof of the Claimant(s)	<input type="checkbox"/>
6. Self Attested copy of FIR (in case of unnatural death of Insurant)	<input type="checkbox"/>
7. Self Attested Post-mortem report (in case of unnatural death of Insurant)	<input type="checkbox"/>
8. Cancelled Cheque of Claimant(s)'s Bank Account(s) for Bank Mandate	<input type="checkbox"/>
9. Documents of Credit or Premium Receipt Book (D.O.C. if Pay policy or Premium Receipt Book if Cash Policy and all the paid premium not updated on McCamish Software)	<input type="checkbox"/>
10. Loan Receipt Book (if Loan taken on Policy)	<input type="checkbox"/>
11. Indemnity Bond (in case of Unantural death)	<input type="checkbox"/>
12. Any other document(s), pls specify .....	

**Date:-**

**Signature of BPM/SPM/PM/ CPC in-Charge**  
**Name :**  
**Designation:**  
**Office Stamp:**

**Annex – II**

**List of Documents required as ID and Address proof**

<b>For Proof of Identity</b>	<b>For Proof of Address</b>
Aadhaar Card	Aadhaar Card
Passport	Passport
Driving License	Driving License
Election Commission Voter ID Card	Election Commission ID Card
Ration Card with Photo, for the person whose photo is affixed	Ration Card with address
CGHS/ECHS Card	Photo Identity Card having address (of Central Govt./PSU or State Govt./PSU only)
Certificate of address having Photo issued by MP/MLA/Group-A Gazetted Officer on letter head	Certificate of address having Photo issued by MP/MLA/Group-A Gazetted Officer in letterhead
Certificate of address with photo from Govt. recognized educational institutions (for students only)	Certificate of address with photo from Govt. recognized educational institutions (for students only)
Certificate of photo identity issued by Village Panchayat head or its equivalent authority (for rural areas)	Certificate of address issued by Village Panchayat head or its equivalent authority (for rural areas)
Income Tax PAN Card	Water Bill (not older than last three months)
Caste and Domicile Certificate with photo issued by State Govt.	Telephone Bill/mobile post paid bill (not older than last three months)
MGNREGA card issued by Govt.	Electricity Bill (not older than last three months)
Smart card (with photo) issued by CSD, Defence/ Paramilitary	Income Tax Assessment Order
Current passbook of Post Office/any scheduled bank having photo	Vehicle Registration Certificate
Photo Identity Card (of Central Govt./PSU or State Govt./PSU only)	MGNREGA card issued by Govt.
Photo Identity Card issued by Govt. recognized educational institutions (for students only)	Current Passbook of Post Office/any Schedule Bank
Pensioner Card having photo	Caste and Domicile Certificate with address and photo issued by State Govt.
Kissan Passbook having photo	Pensioner's Card with address
	Credit Card Statement (not older than last three months)
	Kissan Passbook with address

**LETTER OF INDEMNITY****(To be executed by the Claimant in absence of Original Policy document)**

I..... held myself and my family bound to the Department of Posts (hereinafter called India Post), in the sum of ..... (sum assured of the policy) of lawful money to be paid on demand or without demand to India Post, its attorneys, successors or assignees for which I bind myself, my executors, administrators, successors, and representatives, firmly by this declaration.

Whereas on the ..... day of ..... Sh./Smt./Ms..... (the policy holder), purchased from India Post, a PLI/RPLI Policy Numbered.....of the sum assured Rs..... bearing a premium of Rs.....per.....(month/quarter/half year/year) payable up to the ..... (month & year) in his/her name AND Whereas I, as the nominee/legal heir have applied to India Post for the settlement of my claim and payment of money in respect of the said policy AND Whereas the policy has been lost and is not forth-coming AND Whereas I have not produced the said policy issued to ..... (name of the Insurant) by India Post AND Whereas I declare that the said policy has not been assigned or transferred to anybody or disposed of in any other way with such consideration as here under is written.

I hereby undertake to refund all the money with interest to India Post in case of wrong information furnished above leading to unjust payment to me.

Provided further that the liability of sureties hereunder shall not be impaired or discharged by reason of time being granted or any forbearance act or omission of India Post or any person authorised by them (whether with or without the consent or knowledge of the sureties) nor shall be necessary for India Post to sue me (Claimant) before suing the sureties for amounts due hereunder.

Signature/Thumb Impression of the Claimant	
Name	
Complete Address	
Mob & email Id	

Signed sealed and delivered by the above

<b>Witness</b>	<b>Name, Address and contact details</b>	<b>Signature</b>
Witness 1		
Witness 2		

<b>Sureties</b>	<b>Name, Address and contact details</b>	<b>Signature</b>
Surety 1		
Surety 2		

Signed sealed and delivered by the above

<b>Witness for Sureties</b>	<b>Name, Address and contact details</b>	<b>Signature</b>
Witness 1		
Witness 2		

**Note:** Self Attested copy of ID proof and Address proof of all Sureties and Witnesses are to be enclosed with this Letter of Indemnity.

**Annex- IV**  
**Check List for Quality Checking**

(To be filled by CPC in-charge)



Death Claim Application for Policy No. \_\_\_\_\_ received on \_\_\_\_\_ with Service Request No. \_\_\_\_\_. The following documents are received enclosed with the Claim Application:

<b>Documents Received:</b>	<b>Yes/No/NA (Not Applicable)</b>
1. Death Claim Application Form	<input type="checkbox"/>
2. Original Policy Bond or Letter of Indemnity	<input type="checkbox"/>
3. Self Attested copy of Death Certificate (issued by Local Administration/register of local board/village panchayat/Medical Practitioner or Certificate from Doctor who last attended the insurer clearly mentioning reason of death)	<input type="checkbox"/>
4. Self Attested copy of Letter of Administration or Succession Certificate or Probate of Will (if nomination is not available)	<input type="checkbox"/>
5. Self Attested copy of ID proof of the Claimant(s)	<input type="checkbox"/>
6. Self Attested copy of Address proof of the Claimant(s)	<input type="checkbox"/>
7. Self Attested copy of FIR (in case of unnatural Death of the Insurant)	<input type="checkbox"/>
8. Self Attested Post-mortem report (in case of unnatural Death of the Insurant)	<input type="checkbox"/>
9. Cancelled Cheque of Claimant(s)'s Bank Account(s) for Bank Mandate	<input type="checkbox"/>
10. Documents of Credit or Premium Receipt Book (D.O.C. if Pay policy or Premium Receipt Book if Cash Policy and all the paid premium not updated on McCamish Software)	<input type="checkbox"/>
11. Loan Receipt Book (if Loan taken on Policy)	<input type="checkbox"/>
12. Indemnity Bond (in case of unnatural death of the Insurant)	<input type="checkbox"/>
13. Any other document(s), pls specify .....	

The claim is complete in all inputs and is in order/ claim is not in order due to .....

**Date:-**

**Signature of CPC in-Charge**

**Name :**

**Designation:**

**Approved / Rejected**.....

**Reasons for rejection (if rejected)**.....

**Signature of Approver**

**Name :**

**Designation:**

**Office Stamp:**

**Date:**



## Annex-v

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To be completed by Inquiry officer

PLI / RPLI Policy No :- .....	Policy Type:-.....
Name of Insurant:- .....	
Date of Acceptance of policy:- .....	
Date of Death:- .....	Cause of Death:- .....
Place of death (full address).....	
Premium (in Rs.):- .....	Premium Frequency: (Monthly/HY/Quarterly/Annually)
Last premium paid on:- .....	
Premium paid up to the month of :- .....	
Name of Claimant: - .....	Contact No. ....
Full address of Claimant :- .....	
Relationship with Insurant :- .....	

## Inquiry related with Death

## DETAILS OF DEATH

- Reason of Death | .....
- Died at:  Home  Hospital  Road  Elsewhere, Pls specify .....
- If in hospital, details of hospital:
 

4. Name of the Hospital   .....
Address   .....
.....
Contact Nos.   .....
Date of Admission   <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of Death   <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of Attending Doctor   .....
- What was the disease which caused death | .....
- Date of Death |            |
- Place of Death | .....
- Time of Death | .....
- Cause of Death (other than disease) | .....
- Who certified the cause of death? | .....
- Was the death reported to police?  Yes  No
 

If Yes - Please provide details (Name, address & contact no. of police station where reported along with the copy of FIR and result of inquiry made with police station concerned, if any)

| .....

| .....
- Was a Post Mortem Examination performed?  Yes  No
 

If Yes - Please provide details (Name of Hospital, date, time, and contact no. e-mail and result of inquiry along with the copy of Post-mortem report, if any made with Hospital concerned)

| .....

| .....

12. Mention any critical information related to health and habits of the insurant gathered during the enquiries (Information from Relative, Friend, Neighbor and Employer etc)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Are you satisfied with the identity of the claimant?  Yes  No

If No- Please provide the reason with full particulars

\_\_\_\_\_

\_\_\_\_\_

14. On the basis of the enquiry made and the information obtained, are you satisfied that the insurant was well aware of the disease prior to submitting PLI/RPLI proposal, if so, cite and enclose supporting documents, if any ?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of the Inquiry Officer:**

**Designation and present posting:**

**Place:**

**Date :**

**Signature with seal**

**INDEMNITY BOND****(To be executed by the Claimant in case of Unnatural death of Insurant)**

I..... hereby solemnly affirm and declare that, I am neither involved in nor responsible for, directly or indirectly, death of the Insurant for the policy number ..... for sum assured Rs. .... I am neither named as suspect/accused nor proposed to be named as suspect/accused by the Police in the death case of the Insurant.

I hereby held myself and my family bound to the Department of Posts (hereinafter called India Post) for the sum of ..... (sum assured of the policy) along with bonus amount to be paid on demand or without demand to India Post, its attorneys, successors or assigns or representatives for which I bind myself, my executors, administrators, successors, and representatives, firmly by this declaration.

I hereby undertake to refund all the money (sum assured along with bonus amount paid) with interest to India Post in case of wrong information furnished above or in case I am later convicted by the Court of Law in the death case of the Insurant.

Provided further that the liability of sureties hereunder shall not be impaired or discharged by reason of time being granted or any forbearance act or omission of India Post or any person authorised by them (whether with or without the consent or knowledge of the sureties) nor shall be necessary for India Post to sue me (Claimant) before suing the sureties for amounts due hereunder.

Signature/Thumb Impression of the Claimant	
Name	
Complete Address	
Mob & email Id	

Signed sealed and delivered by the above

Witness	Name, Address and contact details	Signature
---------	-----------------------------------	-----------

Witness 1		
Witness 2		

<b>Sureties</b>	<b>Name, Address and contact details</b>	<b>Signature</b>
Surety 1		
Surety 2		

Signed sealed and delivered by the above

<b>Witness for Sureties</b>	<b>Name, Address and contact details</b>	<b>Signature</b>
Witness 1		
Witness 2		

**Note:** Self Attested copy of ID proof and Address proof of all Sureties and Witnesses are to be enclosed with this Indemnity Bond.

**Annex – VII**

(Format for Communication to Claimant in case any document is not submitted or required)

To

Shri/Smt./Ms.....  
.....  
.....  
..... Pincode.....

Dear Sir/Madam,

Claim Application for Policy No. \_\_\_\_\_ submitted by you on \_\_\_\_\_ with Service request no. ....  
was scrutinized and the following documents are not found. You are requested to submit the requisite following documents within 15  
(fifteen) days of receipt of this letter.

(Tick whichever document is required to be submitted)

- 1. Original Policy Bond or Letter of Indemnity
- 2. Self Attested copy of Death Certificate (issued by Local Administration/register of local board/village panchayat/Medical Practitioner or Certificate from Doctor who last attended the insurer clearly mentioning reason of death)
- 3. Self Attested copy of Succession Cert./Letter of Administration/Probate of Will if nomination is not available
- 4. Self Attested copy of ID proof of the Claimant(s)
- 5. Self Attested copy of address proof of the Claimant(s)
- 6. Self Attested copy of FIR (in case of unnatural death of Insurant)
- 7. Self Attested Post-mortem report (in case of unnatural death of Insurant)
- 8. Cancelled Cheque of Claimant(s)'s Bank Account(s) for Bank Mandate
- 9. Documents of Credit or Premium Receipt Book (D.O.C. if Pay policy or Premium Receipt Book if Cash Policy and all the paid premium not updated on McCamish Software)
- 10. Loan Receipt Book (if Loan taken on Policy)
- 11. Indemnity Bond (in case of Unantural death)
- 12. Any other document(s), pls specify .....

**Date:-**

**Signature of CPC in-Charge**  
**Name :**  
**Designation:**  
**Office Stamp:**