

CLAIM FORM FOR MATURITY/SURVIVAL BENEFIT OF PLI/RPLI POLICY

(Please fill in BLOCK letters)

Service Request No. : (For Official only)			
1 Policy Details :			
i	Policy Type:	ii	Policy No. :
iii	Name of Insurant :	iv	Sum Assured :
v	Date of Acceptance : (dd/mm/yyyy)	vi	Premia Frequency (Monthly/Quarterly etc):
vii	Date of Survival Benefit Due : (dd/mm/yyyy) (AEA Policy)		OR Date of Maturity : (dd/mm/yyyy)
viii	Loan taken against policy : <input type="checkbox"/> Yes <input type="checkbox"/> No		
2.	If yes, Loan Sanction Amount :	Date of last Installment of Loan Repayment : (dd/mm/yyyy)	
	Outstanding Loan Amount :		
3.	Missing Credit Premium Details: (in case any premia paid is not included in the Intimation Letter)		
4.	Communication Address :		
	Address :		
	District :	State :	
	PIN Code :	Contact Phone Number :	
	Aadhar Number :	e-Mail ID :	
5.	Name of Spouse (in case of Yugal Suraksha Policy):		
6.	Office Address of DDO (For Pay Recovery Policy only)		
	Name & Designation of DDO:		Name of Organization:
	Office Address:		District & State :
	PIN Code :		Phone no & email id:
7.	Account Details (if payment desired through NEFT/Credit)		
	Bank Account Details		Post Office Saving Bank Account Details
	Account Number:		Account Number:
	Account Type:		Name of Account Holder
	Name of Account Holder:		Post Office Name :
	Name of Bank:		CBS Post Office (Y/N):
	Address or Branch Name:		Pin code/SOL ID

IFSC code:	First page of Pass Book Enclosed (Y/N)
Cancelled Cheque Enclosed (Y/N):	

Documents Enclosed:

Yes/No/ NA(Not Applicable)

1. Original Policy Bond or Letter of Indemnity
2. Self Attested copy of ID proof of the Insurant
3. Self Attested copy of address proof of the Insurant
4. Documents of Credit /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)
5. Loan Receipt Book (if outstanding loan amount as mentioned in Intimation letter and Loan Receipt book differs)
6. Cancelled Cheque of Insurant Bank Account for Bank Mandate or self attested copy of POSB passbook
7. Self-Attested Copy of ID proof of Messenger (if messenger appointed by Insurant for submission of Maturity claim form)
8. Self-Attested Copy of Address proof of Messenger (if messenger appointed by Insurant for submission of Maturity claim form)
9. Self-Attested medical certificate of insurant from Govt. Hospital/Govt. accredited hospital

Or

self-attested copy of passport clearly showing visa details and date of departure from India In case messenger is appointed
10. Any other document(s), pls specify

Date : _____

Appointment of Messenger

(Required only if Maturity/Survival claim form is being submitted through Messenger)

I hereby declare that I(insurant name), am unable to visit post office, being medically unfit or outside India, for submission of Maturity/survival benefit claim form. I hereby appoint Shri/Smt./Ms. (name of messenger), whose signature is given below, as a messenger for submission of my maturity/survival benefit claim form along with necessary documents.

Signature of Messenger

Name of Messenger

Signature/Thumbprint of Insurant

In case Insurant 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 documents produced by the Insurant/messenger and verified the averments made in the Maturity 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 Insurant)

Maturity/Survival Benefit Claim Form for Policy No. _____ with Service Request No. _____
received onalong with following documents:

Documents Enclosed:

Yes/No/ NA(Not Applicable)

- | | |
|---|--------------------------|
| 1. Original Policy Bond or Letter of Indemnity | <input type="checkbox"/> |
| 2. Self Attested copy of ID proof of the Insurant | <input type="checkbox"/> |
| 3. Self Attested copy of address proof of the Insurant | <input type="checkbox"/> |
| 4. Document(s) of Credit or Premium Receipt Book | <input type="checkbox"/> |
| 5. Loan Receipt Book | <input type="checkbox"/> |
| 6. Cancelled Cheque of Insurant Bank Account for Bank Mandate or self attested copy of POSB passbook | <input type="checkbox"/> |
| 7. Self-Attested Copy of ID proof of Messenger | <input type="checkbox"/> |
| 8. Self-Attested Copy of Address proof of Messenger | <input type="checkbox"/> |
| 9. Self-Attested medical certificate of insurant from Govt. Hospital/Govt accredited hospital
Or
self-attested copy of passport clearly showing visa details and date of departure from India | <input type="checkbox"/> |
| 10. Any other document(s), pls specify | |

Date:-

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

Name :

Designation:

Office Stamp:
