

CLAIM FORM FOR MATURITY VALUE OF POSTAL/ RURAL POSTAL LIFE INSURANCE POLICY

(Please fill in the columns in CAPITAL letters)

1. Name of Insurant (Mr./ Mrs./ Ms.)

First Name	Middle Name	Last Name

2. Occupation

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3. Communication Address

Village	Taluka
City	District
State	Country
	PIN

4. Particulars of Policy

i. Policy No.

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ii. Sum Assured

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iii. Date of Acceptance

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iv. Date of Survival Benefit Due (AEA Policy)

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v. Date of Maturity

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5. (i) Designation and Address of Drawing and Disbursing Officer during last six months

Village	Taluka
City	District
State	Country
	PIN

ii. Name of the Post Office where premia were paid during last six months.

a)

b)

c)

d)

e)

f)

6. 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

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ii. Name of Head Post Office

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7. **For payment through cheque**, please provide following information about your Post Office/Bank account:-

i. Account No.

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ii. Name of Post Office/ Bank

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iii. Branch Name:

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Documents attached:

(a) Policy document.

(b) Loan Repayment Receipt Book if loan was taken.

(c) Premium Receipt Book

(d) Certificate of Pay Disbursing Officer regarding recovery of premia from pay for the last six months.

(e) Any other document

Date: _____

Signature of Insurant

Name:

Phone no.:

Office:

Residence:

Mobile no. :