DISCHARGE OF DEATH CLAIM UNDER POLICY NO. __________________________ Dated ____________
On the Life of Shri/Smt __________________________ __________________________
I/we __________________________ the nominee(s)/assignee(s)/Trustee/Legal representatives of the abovenamed
life assured, by virtue of the nomination/assignment/trusteeship/legal evidence of title date
granted to me/us by the __________________________ do they hereby acknowledge receipt from the Life Insurance
Corporation of India of the sum of Rupees (in Words __________________________)
including the amount of Bonus in full and final satisfaction and discharge of all my/our claims and demands
under abovementioned Policy on the life abovementioned person who died on __________________________
and which Policy is here by delivered upto the said Corporation to be cancelled.

Sun Assured/Paid-up Value Rs. ____________
Bonus Allotted Rs. ____________
Interim Bonus Rs. ____________
Final Additional Bonus Rs. ____________
Difference of Premium on account of over statement of age Rs. ____________
Excess payment of accident premium, occupational, sex extra Rs. ____________

Gross Calim Income Rs. ____________
Less

Unpaid instalments of premiums due in the Policy year of death

Rs.__________

Late fee thereon

Rs.__________

A. N. F. Debt.

Rs.__________

Loan

Rs.__________

Interest on loan

Rs.__________

Amount recoverable on account of understatement of age

Rs.__________

Net Claim Amount

Rs.__________

Dated at____________ this ______________ Day of ___________ 200

Signed by Shri/Smt. ________________________________

In presence of *

Revenue Stamp of One Rupee

Full Name ________________________________

Designation ________________________________

Address ________________________________

Daughter of Shri ________________________________

Wife/Widow of Shri ________________________________

Tele. No. ________________________________

(Signature(s) of the Claimant(s) in full)

Present Address(to despatch the cheque)

Notes:

(1) Payment will be made by a not negotiable – Account payee cheque. If payment is desired by M.O. or a demand draft, it can be made at the claimant’s cost at his/her risk and responsibility, on his signing the following note of request.

I/We hereby request the Corporation to pay the aforesaid amount by M.O./Demand Draft on the ____ .