डाक जीवन बीमा
Postal Life Insurance

CLAIM FORM FOR SURVIVAL BENEFIT DUE ON ANTICIPATED ENDOWMENT ASSURANCE POLICY

(Please fill in the columns in CAPITAL letters)

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

First Name	Middle Name	Last Name

2. Occupation

3. Communication Address

Village		Taluka	
City		District	
State		Country	**PIN**

4. Particulars of Policy

i. Policy No.

ii. Sum Assured ₹ ___ / -

iii. Date of Acceptance ___ / ___ / ___

iv. Date of Survival Benefit Due ___ / ___ / ___

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

Village		Taluka	
City		District	
State		Country	**PIN**

(ii) Designation and Address of Pay and Accounts Officer

Village		Taluka	
City		District	
State		Country	**PIN**

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

a) b) c)

d) e) f)

7. 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

8. 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 attached:

(a) Premium Receipt Book. (b) Certificate of Pay Disbursing Officer regarding recovery of premia from pay for the last six months. (c) Any other document.

Date:_____

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