



भारतीय जीवन बीमा निगम
Life Insurance Corporation of India

Ref. : PS/Claim/Maturity

Date_____

To,

(To be completed by the Life Assured/Proposer under a policy which has matured for payment and policy document has been misplaced or lost by him)

Matured Policy No. _____

Deferred Maturity Date _____

Full Name of the Life Assured _____

- 1 Under what circumstances the Policy was misplaced or lost ? _____

- 2 What efforts have been made to trace out the policy ? _____

- 3 Have you assigned the policy to any Person, Bank etc or dealt with the Policy in any other way ? _____
If so, give particulars thereof. _____
- 4 Did you/proposer claim Cash option Surrender value or loan under this Policy earlier ? _____

- 5 Give the following information :
 - (a) Full Name of your Father _____
 - (b) Place & Date of your Birth _____
 - (c) Your occupation in the year of Inception of the Policy _____
 - (d) Your address in the year of Inception of the policy. _____
 - (e) Name of the Agent through Whom policy was effected _____

6 I enclose last / receipt, dated _____ received by me from the Life Insurance Corporation of India, prior to date or maturity.

Dated at _____ this _____ day
of _____

Signature of the Life Assured/Proposer.

Witness

Signature _____

Full Name _____

Occupation _____

Address _____

