



LIFE INSURANCE CORPORATION OF INDIA

ANNEXURE V

AAM ADMI BIMA YOJANA

M. P. NO. AABY/

CLAIM FORM

PART A: (To be completed by the beneficiary)

- 1) Name and Address of the deceased Member :
- 2) Name and Address of Nodal Agency :
- 3) Membership No. :
- 4) Date of Entry into the Scheme :
- 5) Name of Father/ Husband :
- 6) a) Date of death (b) Age at death
- 7) b) Place of death (b) Cause of death
- 8) Name of Nominee :
- 9) Full address of nominee :
- 10) Relationship with member :
- 11) Name and Address of Bank and S. B. A/c. No. :

I hereby declare that the answers to all the above questions are true in every respect.

(Signature of beneficiary)

Witness : (Signature)

Name : _____

Place:

Address : _____

Date :

PART B : (To be completed by the Nodal Agency)

Certified that the replies to the above questions are correct in every respect. It is also certified that the deceased was a resident of the district / State of _____, aged between 18 and 59 years of age and a member of AAMADMI BIMA YOJANA. Certified that the beneficiary's particulars are verified.

SEAL

Signature of Authorized Signatory of
the Nodal Agency/Master policy holder

PART C :

DISCHARGE RECEIPT

We _____
_____ hereby acknowledge receipt from Life Insurance Corporation of India a sum of
Rs. _____ (Rupees _____)
in full and final satisfaction and discharge of all our claims under the above master policy on the life of
member _____.

Dated at _____ this _____ day of _____ 20 _____.

Revenue Stamp

SEAL

Signature of Authorized Official of
the Nodal Agency / Master Policyholder

PART - D

Please send the claim amount by cheque to the credit of Savings Bank A/c.
No. _____ (held by the beneficiary) with _____
(Name and address of the Bank)

SEAL

Signature of Authorized Official of the
Nodal Agency/ Master Policyholder