

Claim form for payment of Post Office Insurance Policy
(To be used when claimant is a person other than the policy-holder)
(Please fill in the columns in block letters)

[illegible][illegible]

₹							
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[illegible][illegible][illegible]

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(If the claimant is a minor, the person who represents himself to be the minor's guardian/appointee should fill up the entries 10 to 13 overleaf.)

9. a) Claimant's relationship to the Insured.
b) How can it be proved?

.....

Note. - The answer to the following must be filled by a person who represents himself or herself to be the guardian/appointee of a minor who claims payment of a policy.

Signature of Enquiry Officer

ANNEXURE-I
(Letter of Indemnity)

To
The Chief Postmaster General/ Postmaster General,

..... (Name of the Circle/ Region)
In consideration of your payment or agreeing to pay me/
us.....[name(s) of legal heir(s)] the sum of
₹.....(Rupees.....) pertaining to PLI/RPLI Policy
No..... with your office in the name of
.....without production of letters of administration or a succession
certificate to the estate of the deceased.....(name of the depositor),
I/We.....and we.....
.....(sureties) do hereby for ourselves and our heirs, legal
representatives, executors and administrators jointly and severally undertake and agree to indemnify you and your
successors and assigns against all claims, demands, proceedings, losses, damages, charges and expenses which
may be raised against or incurred by you by reason or in consequence of having agreed to pay/or paying me/us the
sum as aforesaid.

In witness whereof we have hereunto set my/our hands at this.....day
of.....in the presence of witnesses.

Signed and delivered by the above named
heir/heirs of the deceased
Signed and delivered by the above named sureties
(Signature, names and address)

1.

2.

Signature, name and address of witnesses:

1.

2.

ATTESTED

NOTARY PUBLIC

ANNEXURE-II
(Affidavit)

To
The Chief Postmaster General/ Postmaster General,

..... (Name of the Circle/ Region)

I/We.....Husband of/ Wife of late.....aged.....
aged..... sons/ daughters of the said late resident of.....
.....do hereby declare and solemnly affirm as under:-

(1) That I /We am/are the only heir(s) of the deceased..... who died aton
I/We alone represent the estate of Shri/Smt.....

(2) That the deceased.....did not leave any Will and therefore I/We are the only successor(s) to the
estate of the said deceased.

- 1.
- 2.
- 3.

DEPONENTS

Verification: I/We, the above-named deponents do hereby verify on solemn affirmation in.....(name of place) that the
contents of this affidavit are true to the best of my/our knowledge and nothing material has been concealed.

Dated.....

- 1.
- 2.
- 3.

ATTESTED

DEPONENTS

OATH COMMISSIONER

ANNEXURE-III
(Letter of disclaimer on Affidavit)

To
The Chief Postmaster General/ Postmaster General,

..... (Name of the Circle/ Region)

I/We (i).....Husband of/ wife of Resident of

(ii).....son/daughter of..... do hereby declare and solemnly affirm as follows:-

(1) That Shri/Smt.....died intestate on leaving behind us.....
his/her only heirs.

(2) That we.....heirs of our late father/mother for ourselves and on behalf of our heirs, executors,
representatives and assigns to hereby relinquish our claims to the PLI/RPLI Policy with maturity value of ₹.....issued
by.....(name of Circle/Region) in the name of the estate of the said.....deceased
and we have no objection whatsoever in the balance in the above-referred account together with interest, if any, accrued thereon being paid by the
Chief Postmaster General/ Postmaster General to Mrs./Mr.....

- 1.
- 2.
- 3.

DEPONENTS

VERIFICATION: I/We, the above-named deponents do hereby verify on solemn affirmation that the contents of this affidavit are true to the best of
my/our knowledge and nothing material has been concealed.

Dated.....

- 1.
- 2.
- 3.

I identify the deponent(s) who is/are personally known to me and who has/have signed in my presence.

Dated.....

Oath Commissioner