

डाक जीवन बीमा निदेशालय
डाक विभाग, संचार मंत्रालय, भारत सरकार
चाणक्यपुरी डाकघर भवन, नई दिल्ली-११००२१
DIRECTORATE OF POSTAL LIFE INSURANCE
Department of Posts, Ministry of Communications,
Government of India
Chanakypuri Post Office Complex, New Delhi-110021

पत्रांक
No
25-04/SOP/2020-LI

दिनांक
Dated
18.08.2020

Sub: Standard Operating Procedure (SOP) for settlement of PLI/RPLI death claim cases.

As per the norms laid down in Citizen Charter, the death claims of PLI/RPLI are to be settled within 30 days in respect of normal claim cases and 90 days in respect of those cases involving investigation.

2. In this connection, kindly find enclosed a Standard Operating Procedure (SOP) for settlement of PLI/RPLI death claim cases along with following annexures:-

Annex-I	Death Claim Application form for PLI/RPLI with Acknowledgement Slip to be given to the Claimant
Annex-II	List of documents that can be submitted as ID and Address proof by the claimant
Annex-III	Letter of indemnity (to be executed by the claimant in absence of original policy document)
Annex-IV	Checklist for quality checking to be filled by CPC Incharge.
Annex-V	Proforma for Inquiry report
Annex-VI	Indemnity bond (to be executed by claimant in case of un-natural death of the insurant)
Annex-VII	Format for communication with claimant, in case of any document has not been submitted by claimant or any document required from claimant.

3. This SOP may be widely disseminated across the Circles and all may be strictly instructed to follow the procedure laid down in SOP adhering to the timelines given in the SOP for carrying out different activities at various levels.

4. Necessary amendment required in Rule 39 of POLI Rules, 2011 in consequence of these instructions will be notified accordingly.

5. This issues with the approval competent authority.

(Signature)
18.08.2020

(Hariom Sharma)
Deputy Divisional Manager-II

All CPMGs
CGMs BD/Parcel Directorate
All DDGs, Department of Posts, Dak Bhawan
Addl. DG, APS
GM, CEPT
Director, RAKNPA Ghaziabad
Director, PTCs
Director, PLI, Kolkata

Handling of PLI/RPLI Death Claim Cases

Standard Operating Procedure

Background

Life insurance is a vital protection coverage for the loved ones in the event of one's untimely death. The most basic and important reason behind buying a Life Insurance Policy is to arrange for financial assistance for the loved ones. Bringing a new person under the coverage of Postal Life Insurance/ Rural Postal Life Insurance (PLI/RPLI) is just the beginning of our relationship with our customer. We need to be vigilant to ensure that the main aim of our customers for buying a PLI/RPLI policy is not lost sight of. Timely settlement of Death claim/ Maturity claim is one of the most important functions of any Insurance Business. PLI/RPLI is operating in significantly one of the most competitive insurance markets. As per the IRDAI's (Insurance Regulatory and Development Authority of India) Annual Report, average number of days taken by major insurance players in settling the death claim is about 30 days. A commitment has also been made by the Department in its Citizen Charter, that death claim of PLI/RPLI would be settled within 30 days in respect of normal claim cases and 90 days in respect of cases involving Inquiry. However, it is observed that against the norm of 30 days, all India average number of days taken to settle a PLI death claim is 62 days. Similarly, the average number of days taken to settle a RPLI death claim is 64 days. In respect of death claim cases requiring inquiry, average number of days taken by majority of Circles to settle/reject the case is more than the prescribed 90 days. This has a negative effect on our business and consequently leads to downward business trends in PLI/RPLI business apart from having an adverse effect on our goodwill.

In order to expedite the process of settlement of death claim cases, it is decided that this specially designed Standard Operating Procedure (SOP) shall, henceforth, be followed by all concerned to facilitate our customers.

1. The period elapsed between date of acceptance of proposal and cause of death of the Insurant plays an important role in deciding the procedure for handling of the death claim cases. Death Claim cases of PLI/RPLI may be classified into following types:

1.1 Based on the period of the Insurance Policy: -

- Claims where Death occurs after completion of 3 years from the date of acceptance of proposal or date of revival of policy, whichever is later.
- Claims where death occurs before completion of 3 years from the date of acceptance of proposal or date of revival of policy, whichever is later.

1.2 Based on cause of Death of the Insurant

- Natural Death – All deaths except death by suicide, murder or accident.
- Un-natural Death – Death due to suicide, murder or accident.

2. Manner of Submission of Claim by Claimant

The Claim Application (Annex-I) along with the required documents can be submitted by the Claimant (Nominee(s) or Legal Heir(s) as the case may be) at any Post Office including Branch Post Offices or CPC.

3. Action at Claim receiving Office

3.1 The Claimant shall submit Claim Application (Annex-I) along with required documents at any Post Office or CPC. The BPM/SPM/Postmaster or CPC in-charge of the Office concerned, where the claim is submitted, shall scrutinise the Claim Application to ensure that the requisite details are duly filled in and the relevant documents are attached and the same is mentioned thereon. If required, the official concerned shall help the Claimant in filling up the Claim Application correctly by guiding and explaining the requirements.

3.2 All the ORIGINAL documents are required to be produced while submitting the Claim Application and the same will be returned to the Claimant after having been compared with the copies thereof being submitted along with the Claim Application. However, original Policy Bond shall be retained/submitted along with the Claim Application. Letter of Indemnity (Annex-III) and Indemnity Bond (Annex-VI) shall also be submitted in original.

3.3 The following documents are required to be submitted along with the Claim Application:

Sl.	List of Documents	Unnatural Death	Natural Death
1	Claim Application form	Yes	Yes
2	Original Policy Bond or Letter of Indemnity* (Format at Annex- III)	Yes	Yes
3	Self-Attested copy of Death Certificate (issued by Local Administration/Registrar of local board/village panchayat/Medical Practitioner or Certificate from Doctor who last attended the Insurant clearly mentioning reason of death)	Yes	Yes
4	Self-Attested copy of ID and Address proof of the Claimant (list of Documents acceptable as ID and Address proof is given in Annex-II) with the details of mobile number, e-Mail ID and his/her relationship with insurant	Yes	Yes

5	Cancelled Cheque for Bank mandate	Yes	Yes
6	Self-Attested copy of Legal Documents in support of his/her claim (Letter of Administration or Succession Certificate or Probate of Will), if nomination is not available)	Yes	Yes
7	Self-Attested copy of FIR	Yes	No
8	Self-Attested copy of Post-mortem report	Yes	No
9	Indemnity Bond* (Annex-VI) from Claimant	Yes	No
10	Document of Credit ** (if Pay Policy)	Yes	Yes
11	Premium Receipt Book *** (If Cash Policy)	Yes	Yes

Note (*): Letter of Indemnity and Indemnity Bond, if any, must be Notarised from Public Notary on non-judicial stamp paper of value as prescribed in the State concerned.

Note (**): In case, premia payment is not updated in Pay Policies, a certificate from the Employer about deduction of premia and details/copy of premia schedule sent to India Post.

Note (***) In case, premia payment is not updated in Cash Policies, Premium receipt Book is mandatory for updation of Premia paid by Insurant on McCamish Software.

- 3.4** Wherever a self-attested copy of a document is submitted, the official accepting the same will compare it with the ORIGINALS and shall put his/her signature in token of having verified the copies with their originals.
- 3.5** The Office concerned will give an Acknowledgement (Part of Annex-I) for receipt of Claim Application to the Claimant.
- 3.6 Action at Branch Post Office (BO)**- In case the Claim Application is received at BO, the BPM shall forward the Claim Application along with all the enclosures to its Account Office through Account Bag on the same day duly entered in their Daily Account/Daily Transaction report (DTR) after Indexing it in the RICT device, if possible.
- 3.7 Action at Sub Post Office (SO)**- The Claim Application may be received at SO either directly or through BO. In both the cases, Indexing of the Claim Application shall be done at the SO itself (in cases Indexing not already done at BO for Application received at BO). After Indexing, the Claim Application shall be sent to the HO (CPC) concerned (with which the office is mapped with) on the same day through Account Bag duly entered in their Daily Account/Daily Transaction report (DTR).
- 3.8 Action at HO (CPC)** - The Claim Application may be received at CPC either directly or through SO/BO. Indexing of the Claim Application shall be done before further processing (if Indexing not already done at SO/BO for Application received at SO/BO).

4. All Post Offices shall maintain a Register in the following format for the Claim Application received-

Name of the Office								
Sl. No.	Date of Receipt	Name of Insurant	Policy Number	Sum Assured	Type of Policy	Service Request No.	Date of dispatch to CPC	Sign of Official

5. Processing of Claim Application

5.1 Action at CPC on receipt of claim cases

All the Claim Applications so received shall be entered in a Register maintained for this purpose in the following format:

Sl	Service Request No. and date	Date of Receipt in CPC	Received from (Claimant /name of office)	Name of Insurant	Policy Number	Sum Assured	Type of Policy	Inquiry Required (Yes/No)	Sanction Amount and Date	Mode & Date of payment	Remarks	Sign of Official

- 5.1.1** In case any required document is found not submitted, a written communication (Annex-VII) will be sent immediately by the CPC through Registered AD to the Claimant requesting to submit the requisite document(s) within 15 days.
- 5.1.2** In case of non-receipt of requisite document(s) within 15 days, a reminder shall be sent to the Claimant through Registered AD intimating that if required document(s) are not submitted within next 7 days, the case will be closed.
- 5.1.3** In case required document(s) are still not received after expiry of the extended period, the claim application along with other document(s), so submitted, shall be returned to the Claimant through Registered AD. Remarks to this effect shall be made in the Register maintained for this purpose (as prescribed in para 5.1 above).
- 5.1.4** The CPC shall check to ensure that entries of all the documents are made correctly while Indexing, Scanning and Data Entry of the death claim application along with all the enclosed documents.
- 5.1.5** Once the Claim Application is found to be complete in all respects including receipt of required documents, the CPC in-charge will check the category of claim i.e. whether claims pertain to category (i) where Death occurred after completion of 3 years from the date of acceptance of proposal or date of revival of policy, whichever is later or (ii) where death occurred before completion of 3 years from the date of acceptance of proposal or date of revival of policy, whichever is later, and shall take time bound action accordingly.

5.2 Death occurs beyond 3 years from the date of acceptance of proposal or date of revival of policy, whichever is later

5.2.1 As per the Insurance market regulator in India (IRDAI) the insurer has only 3 years window for calling a policy in question on the ground of misrepresentation or suppression of a material fact not amounting to fraud, from the date of issuance of Policy or date of commencement of risk or date of revival of policy or date of rider of the policy, whichever is later. It is regardless of whether claim has arisen or not and when it is intimated. Once this period of 3 years is over, the policy cannot be called in question. Accordingly, if a death claim in respect of policy arises after 3 years from the date of acceptance of proposal or date of revival of policy, whichever is later, there is no need of Inquiry.

5.2.2 Therefore, all PLI/RPLI death claims which are presented after 3 years from the date of acceptance of proposals or date of revival of policy, whichever is later, there is no need for carrying out any Inquiry in the matter.

5.2.3 CPC will send all the documents including the death claim application duly signed on checklist (Annex IV) with full name (of CPC incharge), Designation, and date to Approving Authority, under whose jurisdiction the CPC lies, for approval. The case shall also be submitted in McCamish, simultaneously.

5.3 Death occurs within 3 years from the date of acceptance of proposal or date of revival of policy, whichever is later

5.3.1 Where death of insurant occurs within 3 years from the date of acceptance of proposal or date of revival of policy, whichever is later, the CPC shall submit all the documents including the death claim application duly signed on checklist (Annex-IV) with full name (of CPC incharge), designation and date to Approving Authority, under whose jurisdiction the CPC lies, for death claim inquiry and processing. The case shall also be submitted in McCamish, simultaneously.

6. Action by Approving Authority

6.1 In case Claim Application does not require Inquiry: -

6.1.1 The Approving Authority shall go through the Claim Application and shall approve/reject the case after scrutiny by making appropriate remarks on checklist (Annex IV). A copy of Annex IV is retained by office of the Approving Authority. Original checklist and all the enclosed documents are returned to CPC concerned for further action.

6.2 In case Claim Application requires Inquiry: -

6.2.1 The Approving Authority shall send the case to the Inquiry Officer concerned if the place of Inquiry (which would be primarily decided based on the place of death) lies within jurisdiction of the Approving Authority.

6.2.2 In case the place of Inquiry is beyond jurisdiction of the Approving Authority, the case shall be sent to the Division concerned (under whose jurisdiction place of inquiry lies) for Inquiry through McCamish.

6.2.3 On receipt of Inquiry report from the Inquiry Officer, the Approving Authority concerned shall either approve or reject the case.

6.2.4 Approving Authority shall maintain details of Inquiry cases in the following format:

Sl.	Service Request No. and date	Date of receipt in O/o Approving Authority	Policy No.	Date of sending case for Inquiry	Name & designation of Inquiry Officer (in case place of Inquiry lies within jurisdiction of Approving Authority)	Name of the Division to which case sent for Inquiry (in case place of Inquiry lies outside the jurisdiction of Approving Authority)	Date of receipt of Inquiry Report	Date of Approval/ Rejection of the Claim

6.2.5 In case of rejection, the reasons for rejection shall be stated in writing.

6.2.6 The Approving Authority concerned should ensure returning the checklist (Annexure – IV) to the CPC duly signed along with his/her name, designation and date on the checklist, after approval/rejection for further processing.

7. Manner of Inquiry

7.1 The Inquiry Officer shall be nominated by the Approving Authority or the Divisional Head, as the case may be.

7.2 Any Inspector Posts/Assistant Superintendent of Posts/PRI (P)/Marketing Executive etc. may be nominated as Inquiry Officer. He/she may obtain assistance of any postal official for the purpose, if considered necessary.

7.3 While inquiring into the death claim, the Inquiry officer must check, if the insured has died due to any disease and if so, whether the insurant was aware of that disease prior to taking the policy.

7.4 Inquiry officer should clearly mention this fact along with supporting document(s) in his report that insurant was aware of the disease prior to taking the policy and insurant has suppressed the material fact about the disease at the time of taking the policy. In case, no such supporting document is available with investigating officer in support of his claim, he should clearly mention it in his report that no document(s) to this effect are available.

7.5 In case of unnatural death, the Inquiry officer shall inquire with the Hospital/Doctor and Police Station concerned to verify the genuineness of the Post-mortem report, FIR etc. Additionally, he/she shall inquire about any update/amendment in the Post-mortem/FIR and shall obtain a copy of such update/amendment, if any.

7.6 Inquiry officer is required to submit his/her report (Annexure V) complete in all respect within 21 days (15 days for Inquiry into the case and 6 days for preparation and submission of report).

8. Action at CPC on receipt of Approval/Rejection of the Claim from Approving Authority

8.1 In case of Approval

- Shall generate Sanction Letter
- Shall send a copy of Sanction Letter to Postmaster for crediting the sanctioned amount into the Account details submitted by the Claimant in the Claim Application. One copy of Sanction Letter shall be sent to the Claimant through Registered AD.
- In case of account details not given by the Claimant or any technical problem arising due to incomplete/wrong information about the account, a Crossed Cheque shall be drawn by the Postmaster. The Crossed Cheque along with the Sanction Letter shall be sent to the claimant through Registered AD.

8.2 In case of Rejection

- If claim is rejected, CPC shall send Rejection Letter (generated through McCamish) to the Claimant through Registered AD by the next working day giving him/her the reasons of rejection.

9. Time limit prescribed (in working days)

9.1 In case **No Inquiry** is required

Sl.	Activity	Time Limit (Max.)
i.	Receipt and forwarding of Claim Application by BO	1 day
ii.	Receipt, Indexing and forwarding of Claim Application by SO	1 day
iii.	Indexing and Scanning (ECMS) in CPC	2 days
iv.	Data Entry in CPC	1 day
v.	Quality Checking in CPC	1 day
vi.	Approval	3 days
vii.	Sanction Letter generation in CPC	1 day
viii.	Sanction amount transfer through Bank mandate by Postmaster	2 day

ix.	Drawing Cheque of the Sanction amount by Postmaster, in case account details not provided	1 day
x.	Dispatch of Sanction Letter with/without Crossed Cheque	1 day
Total No. of Days		14 days

9.2 In case Inquiry is required

Sl.	Activity	Time Limit (Max.)
i.	Receipt and forwarding of Claim Application by BO	1 day
ii.	Receipt, Indexing and forwarding of Claim Application by SO	1 day
iii.	Indexing and Scanning (ECMS) in CPC	2 days
iv.	Data Entry in CPC	1 day
v.	Quality Checking in CPC	1 day
vi.	Claim Inquiry	21 days
vii.	Approval	15 days
viii.	Sanction/Rejection Letter generation in CPC	1 day
ix.	Sanction amount transfer through Bank mandate by Postmaster	2 days
x.	Drawing of Cheque for the Sanction amount by Postmaster, in case account details not provided	1 day
xi.	Dispatch of Sanction Letter with/without Crossed Cheque	1 day
Total No. of Days		47 days

Annex - I**Claim Application Form for PLI/RPLI (Death Cases)**

(Please fill in BLOCK Capitals)

Service Request No. : (For Official Only)			
1 Policy Details :			
i	Policy No. :	ii	Name of Insurant :
iii	Sum Assured :	iv	Date of Acceptance : (dd/mm/yyyy)
v	Date of Survival Benefit Due : (AEA Policy) (dd/mm/yyyy)	vi	Date of Maturity : (dd/mm/yyyy)
vii	Loan taken against policy : <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please attach Loan Repayment Receipt Book& fill column 2)		
2.	Loan Sanctioned Amount :	Date of Loan Repayment : (dd/mm/yyyy)	
3. Details of Death of Insurant:			
i	Date of Death : (dd/mm/yyyy)	ii	Cause of Death :
iii	Place of Death (Full Address with Pin Code) :		
4.(A) Details of Claimant-1:			
i	Name of Claimant :	ii	Age of Claimant *: (if Claimant is minor please fill column 5)
iii	Relationship of Claimant with Insurant:	iv	Proof of Relationship ** :
v	Address:		
	District :	State :	
	PIN Code :	Mobile No :	
	e-Mail ID :	Share of Claim amount (%) :	
4.(B) Details of Claimant-2 (if Claimant is more than one):			
i	Name of Claimant:	ii	Age of Claimant *: (if Claimant is minor please fill column 5)
iii	Relationship of Claimant with Insurant:	iv	Proof of Relationship ** :
v	Address:		
	District :	State :	
	PIN Code :	Mobile No :	

	e-Mail ID :	Share of Claim amount (%) :	
4.(C)	Details of Claimant-3 (if Claimant is more than one):		
i	Name of Claimant :	ii	Age of Claimant *: (if Claimant is minor please fill column 5)
iii	Relationship of Claimant with Insured :	iv	Proof of Relationship ** :
v	Address:		
	District :	State :	
	PIN Code :	Mobile No :	
	e-Mail ID :	Share of Claim amount (%) :	
5. (A)	To be filled If Claimant is a minor (A) if minor Claimant is more than one:		
i	Name of Guardian/ Appointee :	ii	Relationship with minor claimant :
iii	Is Father of minor claimant deceased (Y/N):	iv	Is Mother of minor claimant deceased (Y/N):
5. (B)	To be filled If Claimant is a minor (B) if minor Claimant is more than one:		
i	Name of Guardian/ Appointee :	ii	Relationship with minor claimant :
iii	Is Father of minor claimant deceased (Y/N):	iv	Is Mother of minor claimant deceased (Y/N):
v	<p>If you are not father or mother of the minor claimant, have you been appointed guardian of the minor claimant by nomination or under any enactment in force in India? Please state and produce document in support of your claim</p> <p>(Claimant A) _____</p> <p>(Claimant B) _____</p>		
vi	Does the minor claimant resides with you : (Yes/No)	vii	Is the minor maintained by you (Yes/No) :
6.	Account Details (if payment desired through Bank Mandate)		
	<input type="checkbox"/> Post Office <input type="checkbox"/> Bank	Account No. :	
	Name of Account Holder:		
	Name of Post Office/Bank:	Branch:	
	IFSC code:	Cancelled Cheque Enclosed (Y/N):	

(*) Age of Claimant in completed years.

(**) Provide any valid document for proof of relationship between Insurant and Claimant.

Documents Enclosed:

Yes/No/ NA(Not Applicable)

- 1. Original Policy Bond or Letter of Indemnity (Format at Annex III)
- 2. Self Attested copy of Death Certificate (issued by Local Administration/register of local board/village panchayat/Medical Practitioner or Certificate of Doctor, who last attended the insurer clearly mentioning reason of death)
- 3. Self Attested copy of Succession Cert./Letter of Administration/Probate of Will, if nomination is not available
- 4. Self Attested copy of ID proof of the Claimant(s)
- 5. Self Attested copy of address proof of the Claimant(s)
- 6. Self Attested copy of FIR (in case of unnatural death of Insurant)
- 7. Self Attested Post-mortem report (in case of unnatural death of Insurant)
- 8. Cancelled Cheque of Claimant(s)'s Bank Account(s) for Bank Mandate
- 9. Documents of Credit or Premium Receipt Book (D.O.C. if Pay policy or Premium Receipt Book if Cash Policy and all the paid premium not updated on McCamish Software)
- 10. Loan Receipt Book (if Loan taken on Policy)
- 11. Indemnity Bond (in case of Unanatural death)
- 12. Any other document(s), pls specify

Date: _____

Signature/Thumbprint of Claimant/Guardian of Claimant

In case Claimant/Guardian of Claimant is illiterate, there should be two literate witnesses-

Witness	Name & Address	Signature
Witness 1		
Witness 2		

For Official Use

Certified that I have checked all the documents enclosed and compared with the original document produced by the claimant and verified the averments made in the claim form based on these documents and found no discrepancies.

Date:-

**Signature of BPM/SPM/PM/ CPC in-Charge
Name :
Designation:
Office Stamp:**

Acknowledgement Slip

(To be filled by BPM/SPM/Post Master/CPC in-charge and Handed Over to Claimant)

Claim Application for Policy No. _____ received on _____ with Service Request No. _____ and following documents are received from the Claimant:

Documents Received:	Yes/No/ NA (Not Applicable)
1. Original Policy Bond or Letter of Indemnity	<input type="checkbox"/>
2. Self Attested copy of Death Certificate (issued by Local Administration/register of local board/village panchayat/Medical Practitioner or Certificate from Doctor who last attended the insurer clearly mentioning reason of death)	<input type="checkbox"/>
3. Self Attested copy of Succession Cert./Letter of Administration/Probate of Will if nomination is not available	<input type="checkbox"/>
4. Self Attested copy of ID proof of the Claimant(s)	<input type="checkbox"/>
5. Self Attested copy of address proof of the Claimant(s)	<input type="checkbox"/>
6. Self Attested copy of FIR (in case of unnatural death of Insurant)	<input type="checkbox"/>
7. Self Attested Post-mortem report (in case of unnatural death of Insurant)	<input type="checkbox"/>
8. Cancelled Cheque of Claimant(s)'s Bank Account(s) for Bank Mandate	<input type="checkbox"/>
9. Documents of Credit or Premium Receipt Book (D.O.C. if Pay policy or Premium Receipt Book if Cash Policy and all the paid premium not updated on McCamish Software)	<input type="checkbox"/>
10. Loan Receipt Book (if Loan taken on Policy)	<input type="checkbox"/>
11. Indemnity Bond (in case of Unantural death)	<input type="checkbox"/>
12. Any other document(s), pls specify	

Date:-

Signature of BPM/SPM/PM/ CPC in-Charge
Name :
Designation:
Office Stamp:

Annex – II

List of Documents required as ID and Address proof

For Proof of Identity	For Proof of Address
Aadhaar Card	Aadhaar Card
Passport	Passport
Driving License	Driving License
Election Commission Voter ID Card	Election Commission ID Card
Ration Card with Photo, for the person whose photo is affixed	Ration Card with address
CGHS/ECHS Card	Photo Identity Card having address (of Central Govt./PSU or State Govt./PSU only)
Certificate of address having Photo issued by MP/MLA/Group-A Gazetted Officer on letter head	Certificate of address having Photo issued by MP/MLA/Group-A Gazetted Officer in letterhead
Certificate of address with photo from Govt. recognized educational institutions (for students only)	Certificate of address with photo from Govt. recognized educational institutions (for students only)
Certificate of photo identity issued by Village Panchayat head or its equivalent authority (for rural areas)	Certificate of address issued by Village Panchayat head or its equivalent authority (for rural areas)
Income Tax PAN Card	Water Bill (not older than last three months)
Caste and Domicile Certificate with photo issued by State Govt.	Telephone Bill/mobile post paid bill (not older than last three months)
MGNREGA card issued by Govt.	Electricity Bill (not older than last three months)
Smart card (with photo) issued by CSD, Defence/ Paramilitary	Income Tax Assessment Order
Current passbook of Post Office/any scheduled bank having photo	Vehicle Registration Certificate
Photo Identity Card (of Central Govt./PSU or State Govt./PSU only)	MGNREGA card issued by Govt.
Photo Identity Card issued by Govt. recognized educational institutions (for students only)	Current Passbook of Post Office/any Schedule Bank
Pensioner Card having photo	Caste and Domicile Certificate with address and photo issued by State Govt.
Kissan Passbook having photo	Pensioner's Card with address
	Credit Card Statement (not older than last three months)
	Kissan Passbook with address

LETTER OF INDEMNITY**(To be executed by the Claimant in absence of Original Policy document)**

I..... held myself and my family bound to the Department of Posts (hereinafter called India Post), in the sum of (sum assured of the policy) of lawful money to be paid on demand or without demand to India Post, its attorneys, successors or assignees for which I bind myself, my executors, administrators, successors, and representatives, firmly by this declaration.

Whereas on the day of Sh./Smt./Ms..... (the policy holder), purchased from India Post, a PLI/RPLI Policy Numbered.....of the sum assured Rs..... bearing a premium of Rs.....per.....(month/quarter/half year/year) payable up to the (month & year) in his/her name AND Whereas I, as the nominee/legal heir have applied to India Post for the settlement of my claim and payment of money in respect of the said policy AND Whereas the policy has been lost and is not forth-coming AND Whereas I have not produced the said policy issued to (name of the Insurant) by India Post AND Whereas I declare that the said policy has not been assigned or transferred to anybody or disposed of in any other way with such consideration as here under is written.

I hereby undertake to refund all the money with interest to India Post in case of wrong information furnished above leading to unjust payment to me.

Provided further that the liability of sureties hereunder shall not be impaired or discharged by reason of time being granted or any forbearance act or omission of India Post or any person authorised by them (whether with or without the consent or knowledge of the sureties) nor shall be necessary for India Post to sue me (Claimant) before suing the sureties for amounts due hereunder.

Signature/Thumb Impression of the Claimant	
Name	
Complete Address	
Mob & email Id	

Signed sealed and delivered by the above

Witness	Name, Address and contact details	Signature
Witness 1		
Witness 2		

Sureties	Name, Address and contact details	Signature
Surety 1		
Surety 2		

Signed sealed and delivered by the above

Witness for Sureties	Name, Address and contact details	Signature
Witness 1		
Witness 2		

Note: Self Attested copy of ID proof and Address proof of all Sureties and Witnesses are to be enclosed with this Letter of Indemnity.

Annex- IV
Check List for Quality Checking

(To be filled by CPC in-charge)



Death Claim Application for Policy No. _____ received on _____ with Service Request No. _____. The following documents are received enclosed with the Claim Application:

Documents Received:	Yes/No/NA (Not Applicable)
1. Death Claim Application Form	<input type="checkbox"/>
2. Original Policy Bond or Letter of Indemnity	<input type="checkbox"/>
3. Self Attested copy of Death Certificate (issued by Local Administration/register of local board/village panchayat/Medical Practitioner or Certificate from Doctor who last attended the insurer clearly mentioning reason of death)	<input type="checkbox"/>
4. Self Attested copy of Letter of Administration or Succession Certificate or Probate of Will (if nomination is not available)	<input type="checkbox"/>
5. Self Attested copy of ID proof of the Claimant(s)	<input type="checkbox"/>
6. Self Attested copy of Address proof of the Claimant(s)	<input type="checkbox"/>
7. Self Attested copy of FIR (in case of unnatural Death of the Insurant)	<input type="checkbox"/>
8. Self Attested Post-mortem report (in case of unnatural Death of the Insurant)	<input type="checkbox"/>
9. Cancelled Cheque of Claimant(s)'s Bank Account(s) for Bank Mandate	<input type="checkbox"/>
10. Documents of Credit or Premium Receipt Book (D.O.C. if Pay policy or Premium Receipt Book if Cash Policy and all the paid premium not updated on McCamish Software)	<input type="checkbox"/>
11. Loan Receipt Book (if Loan taken on Policy)	<input type="checkbox"/>
12. Indemnity Bond (in case of unnatural death of the Insurant)	<input type="checkbox"/>
13. Any other document(s), pls specify	

The claim is complete in all inputs and is in order/ claim is not in order due to

Date:-

Signature of CPC in-Charge

Name :

Designation:

Approved / Rejected.....

Reasons for rejection (if rejected).....

Signature of Approver

Name :

Designation:

Office Stamp:

Date:

Annex-v

To be completed by Inquiry officer

PLI / RPLI Policy No :-	Policy Type:-
Name of Insurant:-	
Date of Acceptance of policy:-	
Date of Death:-	Cause of Death:-
Place of death (full address).....	
Premium (in Rs.):-	Premium Frequency: (Monthly/HY/Quarterly/Annually)
Last premium paid on:-	
Premium paid up to the month of :-	
Name of Claimant: -	Contact No.
Full address of Claimant :-	
.....	
Relationship with Insurant :-	

Inquiry related with Death

DETAILS OF DEATH

- Reason of Death |
- Died at: Home Hospital Road Elsewhere, Pls specify
- If in hospital, details of hospital:

4. Name of the Hospital 																	
Address 																	
.....	Contact Nos. 																
Date of Admission <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td> </td><td>Y</td></tr></table>	D	D	M	M	Y	Y		Y	Date of Death <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td> </td><td>Y</td></tr></table>	D	D	M	M	Y	Y		Y
D	D	M	M	Y	Y		Y										
D	D	M	M	Y	Y		Y										
Name of Attending Doctor 																	
- What was the disease which caused death |
- Date of Death |

D	D	M	M	Y	Y		Y
---	---	---	---	---	---	--	---
- Place of Death | Time of Death |
- Cause of Death (other than disease) |
- Who certified the cause of death? |
- Was the death reported to police? Yes No

If Yes - Please provide details (Name, address & contact no. of police station where reported along with the copy of FIR and result of inquiry made with police station concerned, if any)

|

|
- Was a Post Mortem Examination performed? Yes No

If Yes - Please provide details (Name of Hospital, date, time, and contact no. e-mail and result of inquiry along with the copy of Post-mortem report, if any made with Hospital concerned)

|

|

12. Mention any critical information related to health and habits of the insurant gathered during the enquiries (information from Relative, Friend, Neighbor and Employer etc)

13. Are you satisfied with the identity of the claimant? Yes No

If No- Please provide the reason with full particulars

14. On the basis of the enquiry made and the information obtained, are you satisfied that the insurant was well aware of the disease prior to submitting PLI/RPLI proposal, if so, cite and enclose supporting documents, if any ?

Name of the Inquiry Officer:

Designation and present posting:

Place:

Date :

Signature with seal

INDEMNITY BOND**(To be executed by the Claimant in case of Unnatural death of Insurant)**

I..... hereby solemnly affirm and declare that, I am neither involved in nor responsible for, directly or indirectly, death of the Insurant for the policy number for sum assured Rs. I am neither named as suspect/accused nor proposed to be named as suspect/accused by the Police in the death case of the Insurant.

I hereby held myself and my family bound to the Department of Posts (hereinafter called India Post) for the sum of (sum assured of the policy) along with bonus amount to be paid on demand or without demand to India Post, its attorneys, successors or assigns or representatives for which I bind myself, my executors, administrators, successors, and representatives, firmly by this declaration.

I hereby undertake to refund all the money (sum assured along with bonus amount paid) with interest to India Post in case of wrong information furnished above or in case I am later convicted by the Court of Law in the death case of the Insurant.

Provided further that the liability of sureties hereunder shall not be impaired or discharged by reason of time being granted or any forbearance act or omission of India Post or any person authorised by them (whether with or without the consent or knowledge of the sureties) nor shall be necessary for India Post to sue me (Claimant) before suing the sureties for amounts due hereunder.

Signature/Thumb Impression of the Claimant	
Name	
Complete Address	
Mob & email Id	

Signed sealed and delivered by the above

Witness	Name, Address and contact details	Signature
----------------	--	------------------

Witness 1		
Witness 2		

Sureties	Name, Address and contact details	Signature
Surety 1		
Surety 2		

Signed sealed and delivered by the above

Witness for Sureties	Name, Address and contact details	Signature
Witness 1		
Witness 2		

Note: Self Attested copy of ID proof and Address proof of all Sureties and Witnesses are to be enclosed with this Indemnity Bond.

Annex – VII

(Format for Communication to Claimant in case any document is not submitted or required)

To

Shri/Smt./Ms.....
.....
.....
..... Pincode.....

Dear Sir/Madam,

Claim Application for Policy No. _____ submitted by you on _____ with Service request no.
was scrutinized and the following documents are not found. You are requested to submit the requisite following documents within 15
(fifteen) days of receipt of this letter.

(Tick whichever document is required to be submitted)

- | | |
|--|--------------------------|
| 1. Original Policy Bond or Letter of Indemnity | <input type="checkbox"/> |
| 2. Self Attested copy of Death Certificate (issued by Local Administration/register of local board/village panchayat/Medical Practitioner or Certificate from Doctor who last attended the insurer clearly mentioning reason of death) | <input type="checkbox"/> |
| 3. Self Attested copy of Succession Cert./Letter of Administration/Probate of Will if nomination is not available | <input type="checkbox"/> |
| 4. Self Attested copy of ID proof of the Claimant(s) | <input type="checkbox"/> |
| 5. Self Attested copy of address proof of the Claimant(s) | <input type="checkbox"/> |
| 6. Self Attested copy of FIR (in case of unnatural death of Insurant) | <input type="checkbox"/> |
| 7. Self Attested Post-mortem report (in case of unnatural death of Insurant) | <input type="checkbox"/> |
| 8. Cancelled Cheque of Claimant(s)'s Bank Account(s) for Bank Mandate | <input type="checkbox"/> |
| 9. Documents of Credit or Premium Receipt Book (D.O.C. if Pay policy or Premium Receipt Book if Cash Policy and all the paid premium not updated on McCamish Software) | <input type="checkbox"/> |
| 10. Loan Receipt Book (if Loan taken on Policy) | <input type="checkbox"/> |
| 11. Indemnity Bond (in case of Unantural death) | <input type="checkbox"/> |
| 12. Any other document(s), pls specify | |

Date:-

Signature of CPC in-Charge
Name :
Designation:
Office Stamp: