

**Government of India  
Ministry of Communications  
Department of Posts**

**Dak Bhawan, Sansad Marg  
New Delhi – 110001  
Dated: 27<sup>th</sup> May, 2021**

To

All Heads of Circles

**Subject: Standard Operating Procedure (SoP) for handling of ‘Claim Cases’ arising out of loss and fraud cases and introduction of ‘Simplified Standardized Claim Form’.**

Madam/Sir,

While monitoring the ‘claim cases’ arising out of loss and fraud cases, it was noticed that at present there is no standard form for obtaining and processing such claims and the Circles are using forms devised by them for processing such claims. Therefore, a common standardized form has been devised and enclosed herewith for obtaining and processing of such claims in future. Further, a SoP has also been devised for obtaining and processing of claims, as under:

- i) A Standardized Claim Form (as per annexure) will be used for submitting claims by the members of public in case of Loss caused to them due to fraud/misappropriation by the employees of DoP.
- ii) Form can be used for claims pertaining to cases of fraud/misappropriation of money in PoSB Accounts, Cash Certificates, Money Orders/EMOs, PLI/RPLI.
- iii) While submitting the claim form, the claimant will be required to submit self-attested photocopies of his Photo ID and Address proof. In support of his claim, he would require to submit self-attested copy of the Pass Book/Certificate/ Deposit Receipt etc. The original will be required to be shown to the officer/official accepting the claim, who will also sign the photocopy in token of having seen the original. At the time of final settlement or for investigation, the claimant may be asked to submit original pass book/receipt etc, if absolutely necessary. In such case, proper receipt thereof will be issued or duplicate passbook will be issued, free of cost.
- iv) Provision has been kept in the form itself, where the claimant can submit justification of claim in his favour, for which additional sheet of paper can also be used by the claimant and attached with the form. The officer/official accepting the claim can also seek further clarification/version/statement of the claimant, as part of investigation, to examine the justification of the claim. In case it is felt that handwriting/specimen signatures are also required for forensic examination, the same will also be obtained at the time of accepting the forms.
- v) In order that claimant is not put to any hardship, the claim can be obtained through e-mail/by Registered/Speed Post and clarifications, if any, thereon may also be obtained through e-mail in case the claimant provides any valid email address.

vi) Claim Form will be required to be submitted in duplicate. The officer/official accepting the claim form will accept the form under dated receipt with rubber stamp of the officer/office. In case claim is submitted through email, the email will be acknowledged by the official/officer authorized for the purpose. The claimant, in such cases, may be asked to produce the original receipt/passbooks etc., if required.

vii) It is expected that the claim case would be accepted and processed on the day of receipt itself. Official/officer receiving and processing the claims can be one and the same person. However, in the cases, where large number of cases are involved and processing same day is not feasible, the same should be processed within seven working days of acceptance of the form. If any further version of the claimant is required, that should also be obtained during the said period of seven days.

vii) After processing of the claims, the claim will either be submitted by the 10th day of acceptance of form to the Divisional Office for Indexing and further action with the recommendations of the officer or will be returned to the claimant (physically) or through email, for submitting further clarification/documents, if any. All the cases pertaining to a fraud case, will be indexed separately and a unique Registration No. will be allotted to the claim case for monitoring purpose by the Divisional Office/independent GPO. The Registration Number with date of registration will be intimated to the claimant as well, which will be treated as the date of deposit of claim. The date of registration of claim will be 10th day from the date of first acceptance of the claim form, unless the claimant has been informed of the shortcomings therein or the claimant does not turn up /provide requisite clarification.

viii) The Claim will be sanctioned by the competent authority within their financial powers within a period of 25 days from the Registration of the claim and the amount of claim so sanctioned will be restored in the account within 30 days of the date of registration. In cases, where restoration is not possible due to technical reasons or not desired/applicable, provision is kept in the form itself to specify the mode of payment. The claimant will be informed to submit the requisite original passbook/certificate to make payment. Physical attendance of the claimant at Post office may not be enforced for submission of documents/original pass books etc and seamless payment to the claimant will be the duty of the concerned Post Office.

ix) The cases, in which forensic examination is required, the above process should be completed within a period of 90 days from the date of registration of the claim. If it is likely to take more than 90 days, the case will be submitted to next higher office, i.e., in case of Division/GPO to Regional Office and in case of Regional Office, the case will be submitted to Circle Office and a considered view will be taken by the PMG/Chief PMG about the settlement of claim.

x) The above timelines are mandatory to be followed and the concerned Division of the Directorate has been asked to include the same in the Citizens' Charter also, for which separate instructions will be issued by the concerned Division.

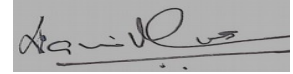
xi) It may be ensured that no claimant is put to any kind of inconvenience and all possible help should be rendered at every stage, including filling up the claim form, obtaining statement and payment.

2. The competent authorities for sanctioning of the claim cases would, however, remain the same. The above time limits would also be applicable to all the claims pending as on date. The cases, which are pending due to non-receipt of FSL report and period of more than 90 days have been passed, would be reviewed by the next higher office (i.e, in case of DO/GPO, by RO and in case of pendency at RO, the same would be reviewed by CO) and a considered view will be taken by the PMG/CPMG about the settlement of claim. The cases which are pending due to court orders, will however be settled in accordance with the orders of the competent courts. The concerned staff be apprised of the above changes and their training be ensured. A copy of the above instructions is also being placed on [indiapost.gov.in](http://indiapost.gov.in).

3. The compliance of the above instructions may be ensured at all levels. The instructions issued vide this office DO letter No. 17-7/2017-Inv dated 10.03.2021 are also reiterated. A spread sheet devised for monitoring of claim cases may continue to be updated by the Circles. It is also reiterated that this aspect of 'loss and fraud cases' be accorded due priority and a mechanism should also be developed in each Circle for monitoring of pendency on this account, in addition to the other aspects.

This issues with the approval of Secretary (Posts). Hindi version of the instructions will follow.

**Yours faithfully,**



**(Ravi Pahwa)**  
**Assistant Director General (Inv-I)**

Copy to:

Deputy Director, CEPT, Mysuru – for uploading a copy of the instructions with claim form on the website.

Part A

**CLAIM APPLICATION FORM**  
**[APPLICABLE FOR POSB, CASH CERTIFICATES PLI/RPLI AND MONEY**  
**ORDERS/EMO CLAIMS ARISING OUT OF FRAUDS]**  
 [ To be filled by the claimant]

SN	Description	Details
1	Name of the Claimant [Self attested ID Proof attached]	
2	Address [Self attested copy of Address proof attached]  Telephone/Mobile Nos.  Email Address:	
3.	Details of Post office, Accounts/schemes in which fraud occurred  Name of Post office  PoSB Account No. and Scheme name (RD, MIS, SSA etc.)  Cash Certificate Scheme and No. (NSC/KVP etc.)  PLI /RPLI No. and Type of Scheme  Money Order/EMO No.  Any other:	
4.	Nature of fraud [Tick appropriate box (es)]  i) Amount not credited in my account ( ) ii) Amount less credited in my account ( ) iii) Account not opened ( ) iv) Fake pass book issued ( ) v) Fake receipt issued ( ) vi) Certificate not issued ( )	Amount Claimed

	<p>vii)Fraudulent withdrawal/ closure/ premature Closure without knowledge ( )</p> <p>viii)PLI/RPLI Premium not deposited ( )</p> <p>ix) Money order/EMO not paid ( )</p> <p>x) Any other (Please specify)</p> <p>(Self-attested copy of deposit slips, receipt, pass book etc to be deposited) (Original to be seen by officer accepting the claim form and copies obtained to be signed)</p>	
5.	<p>Complete detail of fraudulent transaction with ground of claim</p> <p>[Separate sheet can be used]</p>	
6.	<p>Manner in which the amount of claim is sought to be settled</p> <p>i) Restoration in respective account ii) Adjustment of Premium against Policy ii) Refund in PoSB Account No iii) Credit in Bank A/C No.* IFSC Code MICR Code</p> <p>[Copy of cancelled cheque or First Page of the Pass book to be attached]</p> <p>iv) Through Account Payee Cheque</p>	

\* [Transfer to Saving Bank A/c other than PoSB A/c will be applicable only on introduction of such facilities by the DoP]

**Signature/Thumb Impression of the Claimant**

**Declaration**

1. I hereby declare that the above particulars are correct to the best of my knowledge and beliefs and in case it is found that claim has been wrongly sanctioned to me due to any misrepresentation on my part, I shall refund the amount with Penal Interest to the Department and liable for any other legal action.
2. I declare and assure that I will participate in departmental enquiry or criminal proceedings held before any criminal agency/ Court, if called at any point of time.

**Signature/Thumb Impression of the Claimant**

Dated:

Place:

**Instructions for the claimant**

1. Please see that all the details in the claim form are filled in correctly.
2. Attach legible self-attested copies of the following documents with claim form

Address Proof

ID Proof

Pass Book/Cash Certificate/Receipt

3. Attach a separate sheet mentioning the basis of claim
4. Your telephone no./mobile no. More Email Address
5. The claim will be settled by restoration of account (in case of POSB accounts/cash certificates). However, if restoration is not possible/ applicable, payment will be made in a specified manner of payment.
6. It can be clearly understood that accepting the claim form does not guarantee the claim's approval in favour of the claimant. As per the rules, it will be examined and disposed of accordingly.
7. The claimant may be asked to submit further clarifications/statements within seven days. If the claimant fails to provide the required explanation, the claim will not be considered until clarification is provided.
8. A unique registration number will be issued to the claimant. With the date of the claim case within 10 days of submission of claim for the purpose of monitoring.
9. The claim will be settled within 30 days in the general course and within 90 days in case of need of any forensic examination.
10. If the claim is not settled within the above period, the claimant can lodge a complaint with the CPGRAM portal.
11. It is acceptable to submit claims/documents by email or post.
12. If the email address is provided by the claimant, further communication will be made through email.

Part B

**For office Use**

**(To be filled by the official/officer accepting the claim form)**

- i. Name & Designation of officer/official accepting Claim form:
- ii. Whether all necessary documents attached:
- iii. Whether original documents seen by the official/officer and photocopies signed: (in case claim is submitted through email, original documents may be called, if not satisfied)

**Signature**

**of the official/officer accepting Form**

**For office Use**

**(To be filled by the officer processing the Claim Form)**

- iv. Whether satisfied with Grounds mentioned in column No.5 of the claim form:
- v. Whether further statement required (if so, please record and attach):
- vi. Copy of relevant ledger of the Accounts involved to be taken from Post office/application (Finacle/McCamish/SAP etc.)
- vii. Whether Claim requires any forensic examination:
- viii. Whether claim is established:
- ix. Reasons for (viii) above.

**Recommendation**

**Signature and Rubber Stamp  
of the officer processing the form**

**Forwarded to:**

**भाग 'क'**

**दावा आवेदन पत्र**

**[POSB,PLI/RPLI और मनी ऑर्डर/ईएमओ धोखाधड़ी से उत्पन्न होने वाले दावों के लिए]  
(दावेदार द्वारा भरने के लिए)**

क्रम स.	विवरण	
1	दावेदार का नाम [स्वप्रमाणित आईडी प्रूफ संलग्न]	
2	पता [संलग्न एड्रेस प्रूफ की स्वप्रमाणित प्रति]	
3.	<p>डाकघर, खातों/योजनाओं का विवरण जिसमें धोखाधड़ी हुई</p> <p>डाकघर का नाम</p> <p>पीओएसबी खाता नं. और योजना का नाम (आरडी, एमआईएस, एसएसए आदि)</p> <p>बचत प्रमाण पत्र संख्या (एनएससी/केवीपी आदि)</p> <p>पीएलआई/आरपीएलआई नं. और योजना का प्रकार</p> <p>मनी ऑर्डर /ईएमओ नं.</p> <p>कोई अन्य:</p>	
4.	<p>धोखाधड़ी की प्रकृति [उपयुक्त बॉक्स में (सही का निशान) लगाएँ ]</p> <p>i) मेरे खाते में जमा नहीं की गई राशि ( )</p> <p>ii) खाता नहीं खोला गया ( )</p> <p>iii) फर्जी पास बुक जारी ( )</p> <p>iv) फर्जी रसीद जारी करी गयी ( )</p> <p>v) certificate जारी नहीं किया गया ( )</p> <p>vi) धोखाधड़ी से बिना जानकारी के पैसे की निकासी/खाते को बंद किया गया/ समय से पूर्व बंद किया गया ( )</p> <p>vii) प्रीमियम जमा नहीं किया गया ( )</p> <p>viii) मनी ऑर्डर/ईएमओ का भुगतान नहीं किया गया</p>	कुल धनराशि



	( ) ix) किसी भी अन्य (कृपया निर्दिष्ट करें )  (जमा पर्ची, रसीद, पास बुक आदि की स्व-सत्यापित प्रति जमा की जानी है) (मूल प्रतियाँ अधिकारी द्वारा देखी जाएंगी और कॉपी पर हस्ताक्षर किए जायेंगे)	
5.	दावे के आधारों के साथ धोखाधड़ी लेनदेन का पूरा विवरण [अलग शीट का इस्तेमाल किया जा सकता है]	
6.	जिस तरीके से दावे की राशि का निपटारा करने की मांग की जाती है  i) संबंधित खाते में बहाली ii) पॉलिसी के खिलाफ प्रीमियम का समायोजन ii) पीओएसबी खाता संख्या में रिफंड iii) बैंक ए/सी में ऋण नहीं । आईएफएससी कोड एमआईसीआर कोड (रद्द चेक या पास बुक के पहले पेज की प्रतिलिपि संलग्न की जानी है) iv) खाता पेयी चेक के माध्यम से	

\*[पीओएसबी A/C के अलावा किसी और बैंक के सेविंग बैंक A/c में ट्रांसफर करना, विभाग द्वारा ऐसी सुविधाएं शुरू करने पर ही लागू होगा]

**दावेदार के हस्ताक्षर अथवा अंगूठे का निशान**

### घोषणा

मैं इसके द्वारा घोषणा करता हूँ कि उपरोक्त विवरण मेरी जानकारी के अनुसार सही हैं और यदि यह पाया जाता है कि मेरी ओर से किसी गलत बयानी के कारण मुझे गलत तरीके से मंजूरी दी गई है, तो मैं विभाग को दंडात्मक ब्याज के साथ राशि वापस करूंगा और किसी अन्य कानूनी कार्रवाई के लिए उत्तरदायी हूँ ।

मैं घोषणा करता हूँ और आश्वस्त करता हूँ कि, उपरोक्त संबंध में मुझे विभाग द्वारा किए जा रही जांच अथवा किसी क्रिमिनल एजेंसी या न्यायालय के समक्ष बुलाया जाता है, तो मैं उसमें भाग लूँगा।

दावेदार के हस्ताक्षर अथवा अंगूठे का निशान

दिनांक:

स्थान:

### दावेदार के लिए निर्देश

1. कृपया देखें कि क्लेम फॉर्म में सभी विवरण सही ढंग से भरे गए हैं।
2. क्लेम फॉर्म के साथ निम्नलिखित दस्तावेजों की सुपाठ्य स्व सत्यापित प्रतियां संलग्न करें
  - एट्रेस प्रूफ
  - आईडी प्रूफ
  - पास बुक/कैश सर्टिफिकेट/रसीद
3. दावे के आधार का उल्लेख करते हुए एक अलग शीट संलग्न करें
4. अपना टेलीफोन नं./मोबाइल नं. और ईमेल पता
5. दावे का निपटारा खाते की बहाली (पीओएसबी खातों/नकद प्रमाण पत्र के मामले में) द्वारा किया जाएगा। हालांकि, यदि बहाली संभव/लागू नहीं है, तो वह भुगतान के निर्देशित माध्यम से किया जाएगा।
6. क्लेम फॉर्म स्वीकार करने से दावेदार के पक्ष में क्लेम की मंजूरी की गारंटी नहीं होती। नियमों के अनुसार इसकी जांच कर उसी के अनुसार निपटारा किया जाएगा।
7. दावेदार को सात दिन के भीतर और स्पष्टीकरण/बयान प्रस्तुत करने के लिए कहा जा सकता है। यदि दावेदार अपेक्षित स्पष्टीकरण प्रदान करने में विफल रहता है, तो स्पष्टीकरण प्रदान किए जाने तक दावे पर विचार नहीं किया जाएगा।
8. निगरानी के उद्देश्य के लिए दावा प्रस्तुत करने के 10 दिनों के भीतर दावे के मामले की तारीख के साथ दावेदार को एक अद्वितीय पंजीकरण संख्या जारी की जाएगी।
9. इस दावे का निपटारा सामान्य स्थितियों में 30 दिनों के भीतर और किसी फॉरेंसिक जांच की आवश्यकता होने की स्थिति में ९० दिन के भीतर किया जाएगा।

10. यदि उपरोक्त अवधि के भीतर दावे का निपटारा नहीं होता है, तो दावेदार सीपीग्राम पोर्टल में शिकायत दर्ज करा सकता है।
11. ईमेल या डाक द्वारा दावों/दस्तावेजों को जमा करना स्वीकार्य है।
12. यदि दावेदार द्वारा ईमेल पता प्रदान किया गया है, तो ईमेल के माध्यम से आगे संचार किया जाएगा।

भाग 'ख'

**कार्यालय उपयोग के लिए**

**(दावा पत्र स्वीकार करने वाले कर्मचारी/अधिकारी द्वारा भरा जाना)**

1. दावा प्रपत्र स्वीकार करने वाले कर्मचारी/अधिकारी का नाम और पदनाम:
2. क्या सभी आवश्यक दस्तावेज संलग्न हैं:
3. क्या कर्मचारी /अधिकारी द्वारा देखे गए मूल दस्तावेजों और फोटोकॉपी पर हस्ताक्षर किए गए:

हस्ताक्षर

(प्रपत्र स्वीकार करने वाले कर्मचारी/अधिकारी)

**कार्यालय उपयोग के लिए**

**(दावा फॉर्म प्रोसेस करने वाले अधिकारी द्वारा भरा जाना)**

4. क्लेम फॉर्म के कॉलम नंबर 5 में उल्लिखित आधारों से संतुष्ट हैं या नहीं:
5. क्या आगे बयान की आवश्यकता है (यदि हां, तो कृपया बयान लें और संलग्न करें):
6. इसमें शामिल खातों के संबंधित बही-खाते की प्रति डाकघर/आवेदन (फिनाकल/मैककैमिश/SAP आदि) से ली जाएगी ।
7. क्या दावा किसी भी फॉरेंसिक परीक्षा की आवश्यकता है:
8. क्या दावेदार का क्लेम establish होता है:
9. ऊपर (8) के लिए कारण:

10. सिफारिश:

हस्ताक्षर और रबर स्टॉप  
(फार्म प्रसंस्करण अधिकारी)

प्रेषित: