

No. 25-04/SOP/2020-LI  
Government of India  
Department of Posts  
Directorate of Postal Life Insurance  
New Delhi- 110 021

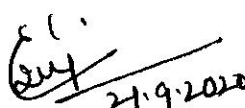
Dated: 21<sup>st</sup> Sept 2020

Office Memorandum

**Subject: SOP for handling of Maturity /Survival Claim cases**

This is regarding issue of Standard Operating Procedure (SOP) for handling of Maturity/Survival Benefit claim cases of PLI/RPLI.

2. In order to expedite the process of settlement of maturity/survival benefit claim cases, the SOP containing the detailed procedure, action to be taken by different offices/officials at different stages, formats of Claim Form and other required documents etc has been approved by DG (Posts).
3. This SOP will help in streamlining the current process of handling of maturity/survival benefit claim cases with uniformity across the country. It will further help in having clarity on what all to be done and what all not to be done in case of maturity/survival benefit claim cases which would ultimately lead to settlement of maturity/survival benefit claim cases in a time bound manner.
4. The approved SOP is attached herewith for wide circulation among all officials concerned with instructions to follow the same in letter and spirit.
5. Divisions will arrange a half day training on new SOPs (i.e SOP for handling of death claim cases and SOP for handling of maturity/survival benefit claim cases) for the staff working in CPCs for better understanding and implementation. Circles will monitor the implementation of new SOP and organising training of CPC staff by divisions concerned.

  
(Hariom Sharma)  
Dy. Divisional Manager-II

To

1. All CPMsG
2. CGM (BD)/CGM (Parcel)/CGM (CEPT)
3. Director, RAKNPA, Ghaziabad
4. Addl. DG, APS
5. All DDGs, Dak Bhawan
6. Director, PTCs
7. Director, PLI, Kolkata

## Handling PLI/RPLI Maturity/Survival Claim Cases

### Standard Operating Procedure

#### Background

Life Insurance plans serves multi-dimensional benefits to the insurant. It combines the benefits of a life insurance cover and investment. So, in addition to securing himself/herself and his/her family, it also creates a corpus to meet financial goals at every life stage. PLI/RPLI insurance plans offer amount equal to Sum Assured and Bonus thereon as Maturity Benefit when the policy ends. In addition, Anticipated Endowment Assurance help in creating a regular stream of income throughout the policy duration.

One of the basic and important reasons behind buying a Life Insurance Policy is to accumulate savings for future financial necessities of life. 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 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. Delay in settlement of maturity claim has a negative effect on our business and consequently leads to downward trend in PLI/RPLI business apart from having an adverse effect on our goodwill.

In order to expedite the process of settlement of maturity claim cases, it is decided that this specially designed Standard Operating Procedure (SOP) shall, henceforth, be followed by all concerned to facilitate our customers. **The objective is to pay the insurant on the date of maturity of the Policy.**

Policies are of two types based on the mode of premia being deposited viz. Cash Policies wherein premia payment is made by the Insurant directly visiting Post Office or using online payment facility, and Pay Policies wherein the premia is deducted by the Employer from the salary of the Insurant and details updated in McCamish. In case of Cash Policies, the premia payment frequency can be monthly/quarterly /half yearly/annual.

#### 1. Initiation of Process - Intimation to Insurant

1.1 Each and every CPC shall generate a 'Detailed Pending Maturity Policy' report through McCamish software on the first working day of the month, 2 months in advance i.e. report for the month of March shall be generated on 1<sup>st</sup> working day of January. The report will (automatically) list all PLI/RPLI policies standing at that particular CPC and maturing during the given month.

1.2 An Intimation Letter (Annex-I), which will be generated through McCamish with data pre-fed in table of para 1 of the Intimation Letter, shall be sent by the CPC concerned to all policy holders, listed/showing in the report so generated, latest by 5<sup>th</sup> working day of the month in which report is generated. The intimation will be sent through Registered AD and shall be accompanied will blank Maturity/Survival Benefit claim form with all Enclosure (Annex-II, III & IV).

1.3 In case of AEA (Anticipated Endowment Assurance) policies, the process shall be done for first or subsequent term payment or the final maturity, as the case may be. However, once Maturity/Survival Benefit Claim Form submitted, the details so submitted shall be used till final maturity claim settlement unless and until the same is modified on the specific request of the Insurant.

1.4 In addition, the Intimation Letter along with all enclosures shall also be sent to the Insurant on his registered email ID through Central Server, in case email id is available for the policy.

1.5 An SMS shall also be sent, from Central server, to the Insurant on his mobile, if mobile number is available, intimating his/her about the maturity of the Policy as under:

*“Dear Insurant, your .....(policy type viz. PLI/RPLI EA/AEA etc)..... policy no..... will be maturing on..... Maturity Claim Form has been sent to email ID/your address for filling and submitting at your nearest Post Office.”*

## **2. Manner of Submission of Claim by Insurant**

2.1 Maturity/Survival Benefit Claim Form (Annex-II) along with the required documents can be submitted by the Insurant at any Post Office including Branch Post Office or CPC across the country through himself/herself along with all original documents for comparison with copy of the document(s) by Official concerned.

2.2 In case any insurant is unable to visit post office, being medically unfit or outside India, for submission of Maturity claim form, he/she may authorize any person as a messenger for submission of the maturity claim form along with necessary documents. Only an adult literate person of sound mind, who is not an insolvent, can be appointed as messenger.

2.3 In case of being medically unfit to visit post Office, a self-attested medical certificate to this effect need to be submitted from Govt. hospital or Govt. accredited hospital.

2.4 However, in case insurant being abroad, he/she need to submit a self- attested copy of passport clearly showing the date of departure from India.

### 3. Action at Claim receiving Office

3.1 The Insurant shall submit Maturity/Survival Benefit Claim Form along with required documents at any Post Office or CPC. The BPM/SPM/Postmaster or CPC in-charge of the Office concerned, where the Maturity/Survival Benefit claim is submitted, shall scrutinise the Form 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 Insurant in filling up the Maturity/Survival Benefit Claim Form correctly by guiding and explaining the requirements.

3.2 While receiving the Claim Form, the Official concerned shall inform the Insurant that after submission of Maturity/Survival Benefit Claim Form and Indexing of service request in the system, he/she will not be able to deposit any premia or repay loan in the Policy. Therefore, Insurant should be advised to pay his/her all due premia/loan amount before indexing the service request in system.

3.3 All the ORIGINAL documents are required to be produced while submitting the Maturity/Survival Benefit Claim Application and the same will be returned to the Insurant after having been compared with the copies thereof being submitted along with the Maturity/Survival Benefit Claim Form. However, Policy Bond or Letter of Indemnity (Annex-III) shall be submitted in original along with the Claim Form and shall be retained by the receiving office.

3.4 Document of Credit or Premium Receipt Book, if applicable, would also be retained in original by the receiving office.

3.5 The following documents are required to be submitted along with the Claim Form:

Sl.	List of Documents	Cash Policy	Pay Policies
1	Maturity/Survival Benefit Claim Form (format at Annex-II)	Yes	Yes
2	Original Policy Bond or Letter of Indemnity* (Format at Annex- III)	Yes	Yes
4	Self-Attested copy of ID and Address proof of the Insurant (list of Documents acceptable as ID and Address proof is given in Annex-IV)	Yes	Yes

5	Cancelled Cheque for Bank mandate or Self Attested copy of POSB passbook	Yes	Yes
6	Self-Attested Document of Credit, if any**	No	Yes
7	Premium Receipt Book ***	Yes	No
8	Loan Receipt Book#	Yes	Yes

\* Letter of Indemnity, if any, must be Notarised from Public Notary on non-judicial stamp paper of value as prescribed in the State concerned.

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

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

# In case, loan amount shown outstanding in the Intimation letter has been repaid partially or in full.

- 3.6 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.
- 3.7 The Office concerned will give an Acknowledgement (Part of Annex-II) for receipt of the Claim Form to the Insurant.
- 3.8 **Action at Branch Post Office (BO)**- In case the Claim Form is received at BO, the BPM shall forward the Claim Form 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.
- 3.9 **Action at Sub Post Office (SO)**- The Claim Form may be received at SO either directly or through BO. In both the cases, Indexing of the Claim Form shall be done at the SO itself (in cases Indexing not already done at BO for Claim Form received at BO). After Indexing, the Claim Form 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).
- 3.10 **Action at HO (CPC)** - The Claim Form may be received at CPC either directly or through SO/BO. Claim Form shall be indexed before further processing (if Indexing not already done at SO/BO for Claim Form received at SO/BO).
- 3.11 All Post Offices shall maintain a Register in the following format for the Claim Form 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

- 3.12 All CPC's shall generate a 'Matured Policy' report, from McCamish, on the last working day of the month for the policies matured in that particular month but service request not generated in any CPC across the country i.e. process for payment of maturity/survival benefit claim has not started. A reminder (Annex-VII) shall be sent by the CPC concerned to the insurant through Registered AD. Similarly, a SMS and e-Mail ID shall be sent by the central Server as reminder to all such insurant where mobile number and e-Mail ID is available in the McCamish.
- 3.13 Wherever mobile number of insurant is available CPC will contact the insurant over phone also and results to be mentioned in the remarks column of the register maintained as per para 3.14.
- 3.14 A separate register for all such reminders shall be maintained at CPCs in the following format.

Name of CPC.....

S.No.	Name of Insurant	Policy Number	Type of Policy	Sum Assured	Date and Item number through which intimation letter was sent	Date and Item number through which reminder was sent	Remarks	Sign. Of Official

**4. Processing of Maturity/Survival Claim Form - Action at CPC on receipt of Claim Form**

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

Name of the CPC.....

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

- 4.2 In case any required document is found not submitted, a written communication (Annex-V) will be sent immediately by the CPC through Registered AD to the Insurant requesting to submit the requisite document(s) within 15 days.
- 4.3 Once the document(s) is/are received at the Post Office (BO/SO/HO) it will forward the same to the CPC concerned in the same way previous documents were sent. However, there would be no Indexing would be required in this case

as the matter has already been Indexed. It is to be ensured that Service Request number is mentioned on each of such documents submitted.

- 4.4 In case of non-receipt of requisite document(s) within 15 days, a reminder (Annex VII) shall be sent to the Insurant through Registered AD intimating that the case could not be processed further if required document(s) are not submitted.
- 4.5 The CPC shall check to ensure that entries of all the documents are made correctly while Indexing, Scanning and Data Entry of the Maturity/Survival Benefit Claim Form along with all the enclosed documents.
- 4.6 Once the Maturity/Survival Benefit Claim Form is found to be complete in all respects including receipt of required documents, the CPC in-charge shall take time bound action to ensure payment of maturity claim within the prescribed time.

## **5. Action by Approving Authority**

- 5.1 The Approving Authority shall go through the Maturity/Survival Benefit Claim Form and shall approve/reject the case after scrutiny by making appropriate remarks on checklist (Annex VI). A copy of Annex VI is retained by office of the Approving Authority.
- 5.2 In case of rejection, the reasons for rejection shall be stated in writing.
- 5.3 The Approving Authority concerned should ensure returning the checklist (Annex – VI) to the CPC duly signed along with his/her name, designation and date on the checklist, after approval/rejection for further processing.

## **6. Action at CPC on receipt of Approval/Rejection of the Claim from Approving Authority**

- 6.1 In case of Approval
  - Shall generate Sanction Letter on the day of maturity/due survival benefit or later, as the case may be.
  - Shall send a copy of Sanction Letter to Postmaster for crediting the sanctioned amount into the Account details submitted by the Insurant in the Claim Form. One copy of Sanction Letter shall be sent to the Insurant through Registered AD.
  - In case of account details not given by the Insurant or any technical problem arising due to incomplete/wrong information about the account, a Crossed Cheque shall be drawn by the Postmaster within a day of receipt of Sanction letter. The Crossed Cheque along with the Sanction Letter shall be sent to the Insurant through Registered AD on the same day.

## 6.2 In case of Rejection

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

## 7. Time limit prescribed (in working days)

Sl.	Activity	Time Limit (Max.)
i.	Receipt, Indexing and forwarding of Claim Form by BO	1 day
ii.	Receipt, Indexing and forwarding of Claim Form by SO	1 day
iii.	Indexing and Scanning (ECMS) in CPC	2 days
iv.	Data Entry in CPC	1 day
v.	Sending letter for missing documents	1 day
vi.	Quality Checking in CPC	1 day
vii.	Approval/Rejection	3 days
viii.	Sending reminder to Insurant	1 day
ix.	Sanction Letter generation in CPC (on or after date of maturity)	1 day
x.	Sanction amount transfer through Bank mandate by Postmaster	2 day
xi.	Drawing Cheque of the Sanction amount by Postmaster, in case account details not provided/technical problem	1 day
xii.	Dispatch of Sanction Letter/Rejection Letter with/without Crossed Cheque	1 day



**DEPARTMENT OF POSTS**  
**POSTAL LIFEINSURANCE**  
**Maturity/Survival Benefit Claim Intimation**

(Name & Address of CPC )

To,

Dated: .....

Shri/Smt./Ms.....

.....

.....

.....

Email id.....

Mob. No.....

**Subject: Maturity/Survival Benefit claim intimation on your policy.**

Dear .....,

We are pleased to inform you that your following policy is going to reach maturity on .....(date in dd/mm/yyyy).....:

Policy Number	
Type of Policy (PLI/RPLI-EA/WL etc)	
Sum Assured	
Mode of payment of premia (Cash/Pay)	
Frequency of Premia payment	
Premium Paid up to	
Date of Last Payment of Premia	
Outstanding Loan Amount, if any	

2. Please submit documents listed below, at your nearest Post Office, at the earliest to get the maturity/survival benefit on time.

- a) Maturity/Survival Benefit Application form (Blank form enclosed)
- b) Original Policy Bond or Letter of Indemnity (if Original Policy Bond is not available, Letter of Indemnity in the format enclosed)
- c) Document(s) of Credit (if Pay Policy)  
or  
Premium Receipt Book (if Cash Policy)
- d) Loan Receipt Book (in case Loan repayment is made in addition to details given above)
- e) Self-Attested Copy of ID proof of Insurant
- f) Self-Attested Copy of Address proof of Insurant
- g) Cancelled Cheque of Insurant Bank Account for Bank Mandate/POSB account Passbook Details
- h) Self-Attested Copy of ID proof and Address proof of Messenger
- i) Self-Attested medical certificate of insurant from Govt. Hospital/ Govt. accredited hospital  
Or  
self-attested copy of passport clearly showing the date of departure from India

In case, any premia payment is made in addition to the details given above.

Only in case Messenger is appointed for submission of the Maturity/Survival Benefit Claim Form

3. In case, you are unable to visit post office, being medically unfit or outside India, for submission of Maturity claim form, you may authorize any adult literate person of sound mind, who is not an insolvent, as a messenger for submission of the maturity/survival benefit claim form along with necessary documents. However, in case of being medically unfit to visit post Office, a self-attested medical certificate to this effect need to be submitted from Govt. hospital/ Govt. accredited hospital and in case you are being abroad, a self- attested copy of passport clearly showing the date of departure from India would be required to be submitted.

4. Once the Maturity/Survival Benefit Claim Form along with necessary documents are submitted, you will not be able to pay any premia or repay loan, if any. Therefore, you are advised to make payment of premia or repayment of loan, if any before submission of Maturity/Survival Benefit Claim Form along with necessary documents. However, in case of Anticipated Endowment Assurance Policies, payment of premia/repayment of loan will be allowed after payment of Survival Benefits and till final maturity.

5. In case of Anticipated Endowment Assurance, the bank details submitted shall be used for transfer of your current and subsequent terminal benefits (if any) and final maturity amount as well.

6. After receiving all the required documents, we shall process your maturity claim and transfer the amount due to you in your Bank/POSB account on Maturity.

Thank you for choosing Postal Life Insurance for your life insurance needs. If you have any queries pertaining to your life insurance coverage, please contact your Agent or nearest Post Office or our customer service center at 1-800-180-5232/155232.

Sincerely,

Signature of CPC In-Charge

PO Name : .....

PO Address: .....

Contact Number : .....



**CLAIM FORM FOR MATURITY/SURVIVAL BENEFIT OF PLI/RPLI POLICY**

(Please fill in BLOCK letters)

<b>Service Request No. :</b> (For Official only)			
<b>1 Policy Details :</b>			
i	Policy Type:	ii	Policy No. :
iii	Name of Insurant :	iv	Sum Assured :
v	Date of Acceptance : (dd/mm/yyyy)	vi	Premia Frequency (Monthly/Quarterly etc):
vii	Date of Survival Benefit Due : (dd/mm/yyyy) (AEA Policy)	OR	Date of Maturity : (dd/mm/yyyy)
viii	Loan taken against policy :	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	If yes, Loan Sanction Amount :	Date of last Installment of Loan Repayment : (dd/mm/yyyy)	
	Outstanding Loan Amount :		
3.	<b>Missing Credit Premium Details:</b> ..... (in case any premia paid is not included in the Intimation Letter)		
4.	<b>Communication Address :</b>		
	Address :		
	District :	State :	
	PIN Code :	Contact Phone Number :	
	Aadhar Number :	e-Mail ID :	
5.	<b>Name of Spouse (in case of Yugal Suraksha Policy):</b>		
6.	<b>Office Address of DDO (For Pay Recovery Policy only)</b>		
	Name & Designation of DDO:	Name of Organization:	
	Office Address:	District & State :	
	PIN Code :	Phone no & email id:	
7.	<b>Account Details (if payment desired through NEFT/Credit)</b>		
	<b>Bank Account Details</b>	OR	<b>Post Office Saving Bank Account Details</b>
	Account Number:		Account Number:
	Account Type:		Name of Account Holder
	Name of Account Holder:		Post Office Name :
	Name of Bank:		CBS Post Office (Y/N):
	Address or Branch Name:		Pin code/SOL ID

IFSC code:	First page of Pass Book Enclosed (Y/N)
Cancelled Cheque Enclosed (Y/N):	

**Documents Enclosed:**

**Yes/No/ NA(Not Applicable)**

1. Original Policy Bond or Letter of Indemnity
2. Self Attested copy of ID proof of the Insurant
3. Self Attested copy of address proof of the Insurant
4. Documents of Credit /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)
5. Loan Receipt Book (if outstanding loan amount as mentioned in Intimation letter and Loan Receipt book differs)
6. Cancelled Cheque of Insurant Bank Account for Bank Mandate or self attested copy of POSB passbook
7. Self-Attested Copy of ID proof of Messenger (if messenger appointed by Insurant for submission of Maturity claim form)
8. Self-Attested Copy of Address proof of Messenger (if messenger appointed by Insurant for submission of Maturity claim form)
9. Self-Attested medical certificate of insurant from Govt. Hospital/Govt. accredited hospital  

Or

self-attested copy of passport clearly showing visa details and date of departure from India  In case messenger is appointed
10. Any other document(s), pls specify .....

Date : \_\_\_\_\_

**Appointment of Messenger**

(Required only if Maturity/Survival claim form is being submitted through Messenger)

I hereby declare that I .....(insurant name), am unable to visit post office, being medically unfit or outside India, for submission of Maturity/survival benefit claim form. I hereby appoint Shri/Smt./Ms. .... (name of messenger), whose signature is given below, as a messenger for submission of my maturity/survival benefit claim form along with necessary documents.

Signature of Messenger .....

Name of Messenger .....

Signature/Thumbprint of Insurant

In case Insurant 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 documents produced by the Insurant/messenger and verified the averments made in the Maturity 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 Insurant)**

Maturity/Survival Benefit Claim Form for Policy No. \_\_\_\_\_ with Service Request No. \_\_\_\_\_  
received on .....along with following documents:

**Documents Enclosed:**

**Yes/No/ NA(Not Applicable)**

- |   |                          |
|---|--------------------------|
| 1. Original Policy Bond or Letter of Indemnity  | <input type="checkbox"/> |
| 2. Self Attested copy of ID proof of the Insurant   | <input type="checkbox"/> |
| 3. Self Attested copy of address proof of the Insurant  | <input type="checkbox"/> |
| 4. Document(s) of Credit or Premium Receipt Book  | <input type="checkbox"/> |
| 5. Loan Receipt Book  | <input type="checkbox"/> |
| 6. Cancelled Cheque of Insurant Bank Account for Bank Mandate or self attested copy of POSB passbook  | <input type="checkbox"/> |
| 7. Self-Attested Copy of ID proof of Messenger  | <input type="checkbox"/> |
| 8. Self-Attested Copy of Address proof of Messenger   | <input type="checkbox"/> |
| 9. Self-Attested medical certificate of insurant from Govt. Hospital/Govt accredited hospital<br>Or<br>self-attested copy of passport clearly showing visa details and date of departure from India | <input type="checkbox"/> |
| 10. Any other document(s), pls specify .....  |                          |

**Date:-**

**Signature of BPM/SPM/PM/ CPC in-Charge**

**Name :**

**Designation:**

**Office Stamp:**

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**LETTER OF INDEMNITY****(To be executed by the Insurant 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 ..... I, 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) and I have applied to India Post for the settlement of my Maturity claim and payment of money in respect of the said policy AND Whereas the policy has been lost/untraceable and is not forthcoming 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 Insurant	
Name	
Complete Address	
Mob & email Id	

Signed sealed and delivered by the above

<b>Witness</b>	<b>Name, Address and contact details</b>	<b>Signature</b>
Witness 1		
Witness 2		

<b>Sureties</b>	<b>Name, Address and contact details</b>	<b>Signature</b>
Surety 1		
Surety 2		

Signed sealed and delivered by the above

<b>Witness for Sureties</b>	<b>Name, Address and contact details</b>	<b>Signature</b>
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

### 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



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

To

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

Dear Sir/Madam,

Maturity/Survival benefit Claim for Policy No. \_\_\_\_\_ submitted by you on \_\_\_\_\_ with Service request no. \_\_\_\_\_ was scrutinized and it is observed that the following document(s) is/are wanting. In order to enable us to process your claim case further, you are requested to submit the requisite following documents within 15 (fifteen) days of receipt of this letter to your nearest Post Office, along with original document(s).

(Tick whichever document is required to be submitted)

- 1. Original Policy Bond or Letter of Indemnity
- 2. Self Attested copy of ID proof of the Insurant
- 3. Self Attested copy of address proof of the Insurant
- 4. Documents of Credit /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)
- 5. Loan Receipt Book (in case Loan repayment is made in addition to details given above)
- 6. Cancelled Cheque of Insurant Bank Account for Bank Mandate
- 7. Self-Attested Copy of ID proof of Messenger (if messenger appointed by Insurant for submission of Maturity claim form)
- 8. Self-Attested Copy of Address proof of Messenger (if messenger appointed by Insurant for submission of Maturity claim form)
- 9. Self-Attested medical certificate of insurant from Govt. Hospital/ Govt. accredited hospital
- Or
- Self-attested copy of passport clearly showing visa details and date of departure from India
- 10. Any other document(s), pls specify .....

**Date:-**

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

## Annex- VI Check List for Quality Checking

(To be filled by CPC in-charge)



Maturity/Survival benefit Claim Form for Policy No. \_\_\_\_\_ received on \_\_\_\_\_ with Service Request No. \_\_\_\_\_. The following documents are received enclosed with the Claim Form:

- | Documents Received:  | Yes/No/NA (Not Applicable)                          |
|--|---|
| 1. Maturity Claim Application Form   | <input type="checkbox"/>                            |
| 2. Original Policy Bond or Letter of Indemnity (Format at Annex IV)  | <input type="checkbox"/>                            |
| 3. Self Attested copy of ID proof of the Insurant  | <input type="checkbox"/>                            |
| 4. Self Attested copy of address proof of the Insurant   | <input type="checkbox"/>                            |
| 5. Documents of Credit /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"/>                            |
| 6. Loan Receipt Book (in case Loan repayment is made in addition to details given in Intimation Letter)  | <input type="checkbox"/>                            |
| 7. Cancelled Cheque of Insurant Bank Account for Bank Mandate  | <input type="checkbox"/>                            |
| 8. Self-Attested Copy of ID proof of Messenger (if messenger appointed by Insurant for submission of Maturity claim form)  | <input type="checkbox"/>                            |
| 9. Self-Attested Copy of Address proof of Messenger (if messenger appointed by Insurant for submission of Maturity claim form)                                       | <input type="checkbox"/>                            |
| 10. Self-Attested medical certificate of insurant from Govt. Hospital/ Govt. accredited hospital   | <input type="checkbox"/>                            |
| Or   |   |
| self-attested copy of passport clearly showing visa details and date of departure from India   | for Appointing a messenger <input type="checkbox"/> |
| 11. Any other document(s), pls specify .....   |   |

CALCULATION	Amount in Rs.
Face Value	
Maturity Value Including Bonus plus Terminal Bonus	
Terminal Bonus	
Balance of Outstanding Amount on the Previous Loan	
Principal O/S	
Interest O/S	
Loan Account No (if any)-	
Arrear Premium Including Interest(-)	
Excess/Short	
<b>NET AMOUNT PAYABLE</b>	

The Maturity claim of Net Payable Amount Rs ..... (in Words .....) 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 – VII**

(Format for Reminder to Insurant in case Claim Form/document(s) is not submitted)

To

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

Dear Sir/Madam,

This is with reference to Maturity/Survival benefit Claim for your PLI/RPLI Policy no. .... maturing/matured on ..... Our letter dated ..... may kindly be referred to in this regard wherein you were requested to submit Maturity/Survival benefit Claim Form or additional document(s) (strike off whichever not applicable).

2. This is to inform that we will not be able to process your case further for payment of Maturity/Survival benefit claim till the required document(s) is submitted by you at any of the nearest Post Office.

**Date:-**

**Signature of CPC in-Charge**  
**Name :**  
**Designation:**  
**Office Stamp:**  
**Contact number and email id:**

Thank you for choosing Postal Life Insurance for your life insurance needs. If you have any queries pertaining to your life insurance coverage, please contact your Agent or nearest Post Office or our customer service center at 1-800-180-5232/155232.