FORM NO.3801

भारतीय जीवन बीमा निगम
Life Insurance Corporation of India
Central Office, Mumbai

Divisional Office

Branch Office

DISCHARGE FOR DEATH CLAIM UNDER POLICY NO.

Dated On the life of Shri/Smt

I/We the nominee(s)/assignee(s)/legal representatives of the above named life assured by virtue of the nomination/assignment/legal evidence of title dated granted to me/us by the do hereby acknowledge receipt from the Life Insurance Corporation of India, of the sum of Rupees(in words) including the amount of Bonus, in full and final satisfaction and discharge of all my/our claims and including the amount of Bonus, in full and final satisfaction and discharge of all my/our claims and demands under the above mentioned Policy on the life of the above mentioned person, who died on and which policy is hereby delivered upto the said Corporation to be cancelled :

Sum Assured/Paid-up Value			Rs	.00
Bonus Allotted/ Loyalty Additions			Rs	.00
Interm Bonus			Rs	.00
Final Additional Bonus			Rs	.00
Difference of premium on account of overstatement of age			Rs	.00
Refund of extra premium for Sex, DAB, EPDB and Occupation			Rs	.00
Gross Claim Amount			Rs	.00
Less				
Unpaid instalments of premium due in the Policy year of death			Rs	.00
Late fee thereon			Rs	.00
A.N.F Debt			Rs	.00
Loan			Rs	.00
Interest on Loan			Rs	.00
Amount recoverable on account of				
Understatement of age	Rs	.00	Rs	.00
Others	Rs	.00	Rs	.00
Total Deductions	Rs	.00	Rs	.00
NET CLAIM AMOUNT			**Rs**	**.00**

Dated at this day of

Signed by Shri/Smt
in the presence of *

Signature of witness
Full Name
Designation
Address

1 Re. Revenue Stamp

Signature of claimant/s

Fathers Name :
Husband Name :
Address :

Notes :

(1) Payment will be made by a crossed and order cheque, if payment is desired by M.O (Net upto Rs. 1000/- only) or a Demand Draft, it can be made at the claimant's cost and at his/her risk and responsibility on his/her signing the following note of request.

I/We hereby request the Corporation to pay the aforesaid amount by M.O /Demand Draft on the Bank, at my/our own risk and responsibility. I/We further agree to the M.O. Commission/Bank Charges being deducted from the claim amount .

(Signature of Claimant/s)

(2) This form must be completed before (1) an advocate, (2) an Agent of the Corporation (who is a member of an Agents club at the level of Divisional Manager's club or above), (3) a Bank Manager, (4) a Block Development Officer, (5) a Commissioner of Oaths, (6) a Doctor, (7) a Gazetted Officer, (8) a Head Master of a High School, (9) a Head Post Master or Departmental Sub-Post Master but not a Branch Post Master, (10) a Magistrate, (11) An Officer or Development Officer of atleast 3 years standing (12) A confirmed Development Officer recruited from the Agents, who were DM or BM Club Members before joining (13) A Development Officer recruited from agents who were ZM or Chairman's club members before joining (14) President of a Village Panchayat or Local Body.

(3) If more than one person have signed the Discharge Form, the names of all the persons should be stated.

(4) A female when signing, must add her father's as well as her husband's name after her own, describing herself as a daughter of Shri and wife/widow of shri

(5) "In case the claimant affixes thumb impression or if this form is signed by more than one person and payment is desired to be made to only one of them as per the following Note of Authority completed and by all of them, the thumb impression or the signatures on the letter of authority must be attested by an Agent of the Corporation

(who is a member of the club at the level of Divisional Manager's club and above), a Block Development Officer, a Magistrate, or an Officer or Development Officer (with at least 3 years' service as Development Officer) of LIC or a Bank Manager of Branch of State Bank of India or of one of the nationalized banks (provided the attesting Branch Manager signs after affixing an official rubber stamp giving his name and designation as also the name and address of the Bank where he is working) or the Principal/Head Master of a local High School or Higher Secondary School run by Government. Where thumb marks are affixed, the attesting official must make the following signature under his signature :

"Shri/Smt son/daughter of Shri and wife/widow of Shri has affixed his/her thumb marks in my presence after understanding the contents thereof."

Place Date

We hereby authorize and request the Life Insurance Corporation of India to pay the within mentioned amount of Rs. .00 to Shri/Smt .

Signed by the parties within mentioned in the presence of :- (1)

(2)

Witness
Signature (3)

(Signature in Full)

Full Name :
Designation :
Address :

I certify that the contents of this Note of Authority were explained by me to Shri/Smt and he/she/they have agreed to payment being made to Shri/Smt the authorised party.

(Signature of Witness)