

## **Life Insurance Corporation of India**

## Pension & Group Schemes Deaprtment, Chennai Division I

Claim form for TN Govt Employee-Salary Account holders Group Insurance Scheme (To be completed by the claimant and Master Policy Holder)

1.	Name of the Group Insurance Scheme	: IOB –TN Govt Employee-Salary Account Holders GI Scheme
2.	Master Policy No	<b>:</b>
3.	Full Name and address of the Master P	olicy Holder: INDIAN OVERSEAS BANK  Marketing Dept, Corporate Office, Chennai
4.	Full Name of the Deceased Member	:LIC ID :
5.	Aadhar Number of the Deceased memb	per :
6.	Salary Account Details of the Deceased	person :
	IOB Bank Account No IOB Bank Branch IOB Bank City IOB Bank IFSC Code (Bank details of the deceased person gi	: : : : : ven hereabove verified and attested by IOB to be attached herewith)
7.	Date of Death of the Deceased Time of Death (Original /Certified Copy of Death Certif	: : : ficate with QR code verification should be enclosed)
8.	Cause of Death Place of Death	:
9.	Last salary credit received in the Bank a	ccount before Death :
10.	Amount of Sum Assured (Rs.)	(Please mention the date of last salary credit) :
11.	If the claim is being intimated after 6 m	onths from the date of death, please give reason for delay:
12.	Last premium paid on	For Renewal Date due : Mode: Yearly
13.	Name of the nominee :	
	Relationship of the nominee with Decea	ased :
	If Nominee is a minor, Name of the App Relationship of the appointee to the no	pointee appointed to receive the amount :

14.	Beneficiary details :			
	i. Bank A/c Type	: Savings Bank Account / Current Account		
	ii. Name of the Bank :	:		
	iii. Bank Branch	:		
	iv. IFSC Code number of the Bank-branc	h:		
	v. PAN NO	·		
	vi. Aadhar No	:		
	(Bank details of the nominee given here	eabove verified and attested by IOB to be attached herewith)		
15. Type of the PHOTO ID – KYC document of the Deceased Account holder attached :				
	(Aadhar Card / Voter ID/ Driving Licence attached herewith)	e/ PAN Card / Passport any one – verified and attested by IOB to be		
16	Type of the PHOTO ID – KYC document of	of the NOMINEE of the Deceased attached :		
10.	(Aadhar Card / Voter ID/ Driving Licence/ PAN Card / Passport any one – verified and attested by IOB to be attached herewith)			
17.	Beneficiary Mobile Number :			
I hereb	y declare that the answers to all the abov	ve questions are true in every aspect.		
THEFED	y declare that the answers to all the asso.	ve questions are true in every aspect.		
Place :				
Date : _		(Signature of the Nominee / Beneficiary)		
for this	· · · · · · · · · · · · · · · · · · ·	s are correct in every aspect and have been verified with the records kept was covered by the scheme and eligible for the benefits there-under as		
		of India for crediting the claim proceeds to the Bank account of the count details mentioned of the beneficiary.		
Place :				
Date : _		(Signature of Designated official of the Bank under his seal) Name:		
		Emp Code:		

Discharge Receipt	<u>t</u>			
Master Policy No:				
,				
Received a sum of Rs (Rupees	Only )			
from the Life Insurance Corporation of India in full and final settlem	•			
mentioned claim. Further we agree and declare that upon such a pa	yment the Corporation will be discharged of our			
entire claim in respect of the above insured member.				
	Affix Re 1 revenue			
Place :	stamp and sign across			
Date: (Signature of the Designated	I Book official with soal and From Code numbers			
Date: (Signature of the Designated	d Bank official with seal and Emp. Code number)			
Signature of witness:				
Name and address of witness :				
Name and address of witness :				
Enclosures:				
a) Photo ID – KYC document of the Deceased Aadhar card/ratio	on card/voters id/passport/etc.			
b) Photo ID – KYC document of the beneficiary Aadhar card/ration card/voters id/passport/etc.				
c) Copy of the Bank pass book /statement of the Deceased person (first page and last page)				
d) Copy of the Bank pass book /statement of the beneficiary (first page and last page)				
e) Attested copy of Death Certificate with QR Code (All enclosures to be signed and attested by the designated)	official of IOR)			
(All eliciosures to be signed and attested by the designated	official of 100)			