FORM NO.3783(A)

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

Divisional Office	**Branch Office**

CLAIMANT'S STATEMENT

(To be filled in by person legally entitled to the policy moneys)

(All answers to be filled in legibly. Answers must be given in words, strokes of the pen or dots or dashes cannot be accepted as replies).

In connection with claim under Policy No. for Rs. on the life of (Insert full name of the deceased), I, as the claimant under the policy make the following statement :	
1. Particulars regarding the claimant : (i) Name of the Claimant (ii) Age (iii) Telephone No. (iv) Address (v) Relationship to the deceased life assured (vi) Nature of Title under which the claim for policy money is submitted viz: Nominee, Assignee, Executor,Administrator, Trustee Beneficiary or Appointee.	Years
2. Particulars regarding the deceased Life Assured ,Shri/Smt (i) Place of death of the life assured (ii) Date of death : Exact time of death : (iii) Age of the life assured at death (iv) Duration of last illness (v) Immediate cause of death (vi) Last occupation of the life assured (vii) Last address of the life assured (viii) Full name of the deceased's father	 A.M / P.M Years

3. Particulars regarding other policies on the life of the deceased :

Policy No	Sum Assured	Name of issuing Office	Date of Commencemer	Whether with Accident Benefit
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I do hereby declare that the statement made hereinabove is true in each and every respect.

Notwithstanding the provisions of any law, usage, custom or convention for the time being in force prohibiting any Physician or Hospital from divulging any knowledge or information acquired by him/them in attending upon or examining a person on the ground of secrecy, I hereby authorize the Physician or Hospital who has attended upon or examined or treated the aforesaid deceased life assured for any ailment or illness to divulge any knowledge or information regarding the deceased's state of health which he/they may have acquired whether before or after the policy was issued by the Corporation, to the Corporation, its offices and legal advisers or in any Court of Law.

Declared at this day of before me.

Signature /Thumb impression of the claimant

(Signature of Witness) Full Name

Designation

Address

Tel. No

*Note : *(This statement must be countersigned by (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.

IF THE DECLARANT SIGNS IN VERNACULAR OR AFFIXES THUMB IMPRESSION, THE WITNESS SHOULD ALSO SIGN THE FOLLOWING DECLARATION.

CERTIFIED THAT THE CONTENTS OF THIS FORM WERE EXPLAINED TO THE DECLARANT IN VERNACULAR AND HE/SHE HAS AFFIXED HIS/HER SIGNATURE/THUMB IMPRESSION HERETO AFTER FULLY UNDERSTANDING THE SAME.

Signature
Full Name
Designation
Address

Tel. No