

LIFE INSURANCE CORPORATION OF INDIA  
.....DIVISIONAL OFFICE,.....BRANCH

( TO BE COMPLETED BY THE LIFE ASSURED/PROPOSER/ CLAIMANT UNDER A POLICY WHERE  
DUPLICATE POLICY IS TO BE ISSUED OR DEATH CLAIM/MATURITY CLAIM / SURRENDER VLAUE IS  
GOING TO BE SETTLED WHERE ORIGINAL POLICY BOND IS LOST/MISPLACED )  
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Policy Number:-----

Name of life assured:-----

- 1) Under what circumstances the policy was misplaced or lost?
  
- 2) What efforts have been made to trace out the policy?
  
- 3) Have you assigned the policy to any person, Bank, institution etc. or death with the policy in any other way?  
If so, give particulars thereof.
  
- 4) Did you/ proposer claim cash option/ surrender value or loan under this policy earlier?
  
- 5) I enclose last letter/ receipt received by me from Life Insurance Corporation of India (if any)

I, hereby declare that the above information is true to my knowledge and request Life Insurance Corporation of India to issue Duplicate policy Or settle the claim/ surrender value without original policy document. I am ready to execute Indemnity bond duly notarized and also ready to complete other requirements.

Dated at----- this-----day of-----20

Witness:-

signature of life assured/  
/ proposer/ claimant

signature:

Name:

Full Name:

Occupation:

Occupation:

Address:

Address:

- ( if the person signs above query form in vernacular or affixes his/her thumb impression, the witness should also certify that the contents of this form is explained to the declarant in vernacular and he/she affixed his/her signature /thumb impression hereto after fully understanding the same.
  
- This declaration must be completed before the authorities who are allowed in settlement of death claim discharge form no 3001.
  
- Declaration may be obtained in regional language, but in case of dispute in respect of interpretation of the contents, English version shall stand valid.