



CLAIM FORM FOR SURRENDER OF PLI/RPLI POLICY

(Please fill in BLOCK letters)

Service Request No. : (For Official only)			
1	Policy Details :		
i	Policy Type:	ii	Policy No. :
iii	Name of Insurant :	iv	Sum Assured :
v	Date of Acceptance : (dd/mm/yyyy)	vi	Frequency of Premium Payment (Monthly/Quarterly/Half Yearly/Annual etc):
vii	Date of Survival Benefit Due :Date of Maturity : (dd/mm/yyyy) OR (dd/mm/yyyy) (AEA Policy)		
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.	Reasons/Circumstances for surrendering policy		
4.	Communication Address :		
	Address :		
	District :	State :	
	PIN Code :	Contact Phone Number :	
	Aadhaar Number :	e-Mail ID :	
5.	Name of Spouse (in case of Yugal Suraksha Policy):		
6.	Office Address of DDO (For Pay Recovery Policy only)		
	Name & Designation of DDO:	Name of Organization:	
	Office Address:	District & State :	
	PIN Code :	Phone no & email id:	
7.	Account Details (for payment through NEFT/POSB)		
	Bank Account Details	OR	Post Office Saving Bank Account Details
	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 Passbook Enclosed (Y/N)
Cancelled Cheque of above Bank Account:	Cancelled Cheque No. is enclosed

**Documents Enclosed:
Applicable)**

Yes/No/ NA (Not

1. Original Policy Bond or Letter of Indemnity
2. Consent of the insurant on system generated surrender quote
3. Self-Attested copy of ID proof of the Insurant
4. Self-Attested copy of address proof of the Insurant
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)
6. Loan Receipt Book (if outstanding loan amount as mentioned in Intimation letter and Loan Receipt book differs)
7. Cancelled Cheque of Insurant Bank Account for Bank Mandate or self-attested copy of POSB passbook
8. Self-Attested Copy of ID proof of Messenger (if messenger appointed by Insurant for submission of Surrender claim form)
9. Self-Attested Copy of Address proof of Messenger (if messenger appointed by Insurant for submission of Surrender claim form)
10. 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 Incase messenger is appointed.
11. Any other document(s), pls specify

Date: _____

CONSENT FOR SURRENDER OF PLI/RPLI POLICY

I hereby declare that I (Name of insurant), accept in full, the admissible Surrender Value of my Policy No....., as communicated to me by the Post Office in the Surrender Quote and agree to take payment of the same. I also understand that once the Surrender request is approved or surrender value is paid to me, my policy cannot be restored.

Signature/Thumbprint of Insurant

APPOINTMENT OF MESSENGER

(Required only if Surrender 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 Surrender claim form. I hereby appoint Shri/Smt./Ms. (Name of messenger), whose signature is given below, as a messenger for submission of my surrender 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 Surrender 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/Postmaster/CPC in-charge and Handed Over to Insurant)

Surrender 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
- 2. Consent of the insurant on system generated surrender quote
- 2. Self-Attested copy of ID proof of the Insurant
- 3. Self-Attested copy of address proof of the Insurant
- 4. Document(s) of Credit or Premium Receipt Book
- 5. Loan Receipt Book
- 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

8. Self-Attested Copy of Address proof of Messenger

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: -
Charge

Signature of BPM/SPM/PM/ CPC in-

Name:

Designation:

Office Stamp:

