

LIFE INSURANCE CORPORATION OF INDIA

Divisional Office Branch Office

FORM OF LETTER OF INDEMNITY

(Applicable where the net claim amount payable exceeds Rs. 5,000/- but does not exceed Rs.1,00,000/-)

To

The Branch Manager,
Life Insurance Corporation of India
.....
.....

Dear Sir,

In consideration of the Life Insurance Corporation of India, Successors to the
.....
(Name of the erstwhile Insurer)
under the provision of Act 31, of 1956, having agreed to pay.....
(Name of all Payees)
..... of
(relationship) (Name of deceased poiciaryholder)
the sum of Rupees due under the Policy No on the life
of deceased, without requiring production of Probate or Letters of
Administration or Succession Certificate granted to the estate of.....
(Name of the deceased Poiicyholder)

I/We..... my/our Heirs, Executors and Administrators do hereby
(Name of all Payees)

agree to keep the said Corporation harmless and indemnified from and against all claims against it on
the part of any person or persons whomsoever and all damages, costs and expenses which the said
Corporation may sustain or incur in consequence of any such claim or claims.

Dated at..... this day..... 20

WITNESSES

Yours faithfully,

1. Signature

1.

Full Name

2.

Occupation

3.

Address

4.

2. Signature

Full Name

Occupation

Address

(SIGNATURE)

Note: If this letter is signed in vernacular, one of the attesting witnesses should be requested to
certify that the contents of this letter were explained to the Signatories in vernacular and
understood by him/her before affixing the signature.