F.No.3815 B

LIFE INSURANCE CORPORATION OF INDIA

To be stamped Rs. at the stamp office or
Collector s Office BEFORE EXECUTION or to be copied out
On a non-judicial stamped Paper of equal value.

To all to whom present shall come

_____

(Name of Payee/all Payees)

_____

_____

(Place of residence of Payee/Payees)

_____inhabitants send

Greetings whereas a Policy of Insurance Numbered _____for Rs._____ was granted on _____ by the Life Insurance Corporation of India, established by the Life Insurance Corporation Act 31 of 1956 (hereinafter referred to as the Corporation) on the life of _____

(Name of Policyholder)

And WHEREAS_____ which was in

(Policy No.)

Possession of _____ has been lost or misplaced

(Name of Policyholder)

And whereas the said Corporation has on the said_____

_____

(Name of Payee/all payees)

undertaking to enter into with the said Corporation a convenant of the nature herein after appearing, agreed to pay the said _____

(Name of Payee or Names of Payees)

_____the value of the said Policy viz. Rs. _____ now known and these presents witness that in pursuance of the said _____

(Name of Payee or Names of Payees)

(the receipt whereof is hereby acknowledged) they the said_____

(Name of the Payee/Payees)

_____

_____

to hereby for themselves, their heirs, executors or administrators Convenant with the said Corporation, its successors and assigners, that they the said_____

(Names of Payees)

_____

_____

their heirs, executors or administrators will from time to time and at all times save and keep harmless and indemnified the said Corporation its successors and assignees of and from all actions, suits, costs, claims and demand of whatever nature and kindsoever which may be instituted, preferred, claimed or made against the said Corporation, its successor or assignees by any person or persons by reason of his, her their possession of or right to the said original.

(Pol. No. _____)

by reason of anything in relation to the premises.

_____

_____

In witness whereof the said _____

(Name or Names of Payee/s)

have hereunto put his/her hands at _____ this day of _____200_____

Signed and delivered the said _____

(Name or Names of Payees)

_____

_____

In the presence of : 1) _____

Signature of Payee/s

by reason of anything in relation to the premises.

_____

_____

In witness whereof the said _____

(Name or Names of Payee/s)

have hereunto put his/her hands at _____ this day of _____200_____

Signed and delivered the said _____

(Name or Names of Payees)

_____

_____

In the presence of :

1) _____

Signature of Payee/s

W 1) Full Signature
of witness_____

I Name of witness_____

T Designation_____

1) _____

N Address_____ Signature of Payee/s

_____

E

2) Full Signature

S of witness_____

Name of witness_____

S

Designation_____

E

Address_____

S

_____

Note : If this Bond is signed in Vernacular one of the attesting witness should be requested to certify that the contents of this Bond were explained to the party in vernacular before execution, Illiterate Person must affix their thumb impression which should be attested by Magistrate, S.E.M. a Gazetted Officer, a Block Development Officer or Class Officer of the Corporation Provided he is fully satisfied about the identity of the claimant.

Form No. 3816

Claim form B 1

LIFE INSURANCE CORPORATION OF INDIA

BRANCH OFFICE.....

CERTIFICATE OF HOSPITAL TREATMENT

In connection with claim under Policy No. ..... on the life of .....

(Insert full Name of deceased)

1. What was the full name, age, address and occupation of the patient as per Hospital records?

Name:.....

Age:.....

Address:.....

Occupation: .....

2. What was the date of his admission into the Hospital? _____

3. Under whose treatment was the patient before he was admitted into the Hospital? If the patient has brought a letter or a note from any Doctor at the time of admission, kindly furnish us with a certified copy thereof. _____

4. What at the time of admission, was (a) the nature of his complaint? (b) the duration of the complaint as reported by him? (a)_____ (b)_____

5. (a) What was the exact history reported by the patient at the time of admission? (Dates, duration of the ailments, the symptoms narrated etc. to be given) _____

(b) Was the history reported by the patient himself or by some one else ? _____

c) If the history was not reported by the patient himself, the name and relationship of the person who reported. Was the patient present at that time and was he conscious? _____

(d) To whom was the history reported and by whom was it recorded? _____

(e) Is the Doctor, to whom the history was reported/who had recorded the history, still with the Hospital, and if not, what is his present address? _____

(c) If the history was not reported by the patient himself, the name and relationship of the person who reported. Was the patient present at that time and was he conscious? _____

d) To whom was the history reported and by whom was it recorded? _____

(e) Is the Doctor, to whom the history was reported/who had recorded the history, still with the Hospital, and if not, what is his present address? _____

6. What was the diagnosis arrived at in the Hospital? _____

7. Was there any other disease or illness which preceded or co-existed with the ailment at the time of the patient s admission into the hospital? If so, what was it ? Please give details stating : _____

_____

(a) History reported (a)_____

(b) Date when first observed by the patient (b)_____

(c) By whom treated? (c)_____

(d) By whom history was reported? (If not by the patient himself, please indicate if it was in his presence and to his knowledge) (d)_____

_____

(e) By whom the history was noted and recorded? (If the doctor is not with the Hospital at present, please give his present address) _____

8. What was the date of his discharge from Hospital? _____

9. What was his condition when he was discharged ? _____

_____

(e) By whom the history was noted and recorded? (If the doctor is not with the Hospital at present, please give his present address) (e)_____

_____

8. What was the date of his discharge from Hospital? _____

9. What was his condition when he was discharged ? _____

_____

10. Was he treated in the Hospital on any previous occasion either as an inpatient or an outpatient? If so, please state :-

(a) Date of the first admission or first time treatment as an outpatient.

(b) Date of discharge and condition on discharge.

(c) Nature of ailment.

Certified that the above information is correct as per records of the Hospital.

Date.....

Signature.....

*Code No..... Qualification & Designation.....

Name of Hospital..... Postal Address .....

.....

*(State here the Code No. if you are an authorised Medical Examiner of the Corporation)