

LIC OF INDIA, 91V
L I C COLONY
KARNATAKA BANK

(W), MUMBAI

400103

Phone: 022 - 61221031 , 61221042 , 61221043

REF: 91V /CLAIMS/MATURITY BENEFIT

Date: 13/05/2019

SRI. UMESH B MORE
KAMLABAI SHETTY CHAWL
SHRI KRISHNA NAGAR VAKOLA,
SANTACRUZ [E] MUMBAI 400055

Re: Policy Number 892777656 on the life of MORE
(Customer ID : 0001BB05569935)

We have pleasure to inform you that MATURITY Benefit amount of *****6583.00 is payable under above policy on 24/11/2019.

For settlement of claim under above policy, you are requested to submit the following requirements immediately or at least 15 days before the due date of claim.

- 1) Original policy document for cancellation. If policy document is misplaced or lost, you may contact us for guidance.
- 2) Enclosed discharge form to be executed as per instructions contained therein.
- 3) Please inform us about change in your residential address, if any, along with proof of residence.
- 4) If the policy is assigned, then inform us full name and address of assignee with your Loan a/c details.
- 5) If your policy is under Salary Savings Scheme, then ensure and confirm that your employer has stopped deduction of monthly premium due w.e.f. 09/2019 from your salary.
- 6) Maturity Benefit payment under your policy will be credited, directly to your Bank account through electronic mode of payment only, for which we require your Bank Account details. You are requested to submit NEFT (National Electronic Fund Transfer) mandate form given below along with necessary enclosures to settle the payment under your policy.

We shall be glad if you choose to reinvest the amount in any LIC product. For details of our various products, you may visit our website www.licindia.in or contact our Agent or contact us at the above address, before the due date of the claim. If you wish to take maturity claim in instalments, then exercise the settlement option before date of maturity. Plz contact Branch Office for details.

LIC of India,
Branch: 91V LIC OF INDIA, 91V

पैसा मिलने वाला है।

POLICY MATURED FOR PAYMENT

Please Submit

कुछ

NEFT MANDATE FORM

- 1) Name of Policyholder or claimant:
- 2) Policy number:
- 3) Bank Name:
- 4) Address of Bank:
- 5) Account type : saving/ current/-----
- 6) Bank Account number:
- 7) IFS code of Bank :
- 8) Your mobile number: +91
- 9) e-mail id:

- 2) Pan Card Copy
- 3) Cancelled Cheque
- 4) Original Policy
- 5) Discharge Form

पैन कार्ड कॉपी
बैंक का चेक
ऑरिजिनल पॉलिसी
मैच्युरिटी फॉर्म
तुरंत जमा करो

Please enclose:- 1) Cancelled cheque leaf wherein the name of Account holder is mentioned OR 2) Photo copy of the first page of the Bank Pass Book where the name of account holder, Bank account number, IFS code is mentioned.

Signature of life assured

LIC OF INDIA, 91V
L I C COLONY
KARNATAKA BANK

(W), MUMBAI

पुर्विम महेमंडल
पुर्विम महेमंडल
LIC OF INDIA
MUMBAI DIVISION-II

Phone: 022 - 61221031 , 61221042 , 61221043

400103

REF: 91V /CLAIMS/MATURITY BENEFIT

Date: 13/05/2019

SRI. UMESH B MORE
KAMLABAI SHETTY CHAWL
SHRI KRISHNA NAGAR VAKOLA,
SANTACRUZ [E] MUMBAI 400055

Re: Policy Number 892777656 on the life of MORE
(Customer ID : 0001BB05569935)

We have pleasure to inform you that MATURITY Benefit amount of *****6583.00 is payable under above policy on 24/11/2019.

For settlement of claim under above policy, you are requested to submit the following requirements immediately or at least 15 days before the due date of claim.

- 1) Original policy document for cancellation. If policy document is misplaced or lost, you may contact us for guidance.
- 2) Enclosed discharge form to be executed as per instructions contained therein.
- 3) Please inform us about change in your residential address, if any, along with proof of residence.
- 4) If the policy is assigned, then inform us full name and address of assignee with your Loan a/c details.
- 5) If your policy is under Salary Savings Scheme, then ensure and confirm that your employer has stopped deduction of monthly premium due w.e.f. 09/2019 from your salary.
- 6) Maturity Benefit payment under your policy will be credited, directly to your Bank account through electronic mode of payment only, for which we require your Bank Account details. You are requested to submit NEFT (National Electronic Fund Transfer) mandate form given below along with necessary enclosures to settle the payment under your policy.

We shall be glad if you choose to reinvest the amount in any LIC product. For details of our various products, you may visit our website www.licindia.in or contact our Agent or contact us at the above address, before the due date of the claim. If you wish to take maturity claim in instalments, then exercise the settlement option before date of maturity. Plz contact Branch Office for details.

LIC of India,
Branch: 91V LIC OF INDIA, 91V

पैसा मिलने वाला है।

POLICY MATURED FOR PAYMENT

Please Submit

कुपवा

NEFT MANDATE FORM

- 1) Name of Policyholder or claimant:
- 2) Policy number:
- 3) Bank Name:
- 4) Address of Bank:
- 5) Account type : saving/ current/-----
- 6) Bank Account number:
- 7) IFS code of Bank :
- 8) Your mobile number: +91
- 9) e-mail id:

- | | |
|---------------------|----------------|
| 2) Pan Card Copy | पैन कार्ड कॉपी |
| 3) Cancelled Cheque | रद्द करवा चेक |
| 4) Original Policy | असली नीति |
| 5) Discharge Form | मंजुरी फॉर्म |
| | तुरंत जमा करो |

Please enclose:- 1) Cancelled cheque leaf wherein the name of Account holder is mentioned OR 2) Photo copy of the first page of the Bank Pass Book where the name of account holder, Bank account number, IFS code is mentioned.

Signature of life assured



भारतीय
जीवन बीमा
कorporation

Discharge Voucher for MATURITY Claim payment
under Policy No. 892777656 on the life of
MORE due on
24/11/2019 .

I / We do hereby acknowledge receipt from the Life
Insurance Corporation of India of the sum of
Rupees 6606.00 being gross amount of claim,
in full and final satisfaction of all my / our
claims and demands in respect of the following
payments under the above policy in terms of the
policy contract.

PAYMENTS

DEDUCTIONS

BASIC AMOUNT:	6606.00	UNPAID PRM:	00.00
V BONUS/GA :	00.00	INT ON PRM:	00.00
INT.BONUS/LA:	00.00	LOAN AMT :	00.00
F A BONUS :	00.00	LOAN INT :	00.00
		X-CHARGE :	22.90
AB EXTRA REF:	00.00	GAP PRM :	00.00
OTH EXTRA REF	00.00	GAP PRM INT	00.00
DEPOSIT REF :	00.00	OTH DEDNS :	00.00
OTH PAYMENTS:	00.00	OTH DEDNS :	00.00
OTH PAYMENTS:	00.00		

GROSS AMT :	6606.00	TOT DEDNS:	23.00
NET AMOUNT PAYABLE: Rs.	6583.00		

Signed at _____ on this day of _____ 20

WITNESS:

Signed by Mr. / Ms. _____

In the presence of _____

Signature of witness _____

Affix

Revenue

Stamp

of Re.1

Particulars of witness

Full Name _____

Designation _____

Address & contact no. _____

(Signature of the
claimant/s in full
& short in English
/ vernacular)

Notes:

1. The discharge must be signed by the claimant/s and witnessed by an Agent of the Corporation (who is a member of Agent's Club at the level of DM Club or above), Development Officer / Class I Officer of LIC / Bank Manager / Officer of a nationalized Bank / Principal / Head Master of a local high school / Gazetted Officer / Magistrate / Doctor / Advocate.
2. If more than one person have signed the discharge form the names of all the persons should be stated.
3. Illiterate claimants must affix their thumb impression which should be attested by one of the persons as stated in (1) above.

0163911