

SBI LIFE INSURANCE CO. LTD.
Central Processing Cell
Claims Department

Application to Dispense with Legal Evidence of Title

POLICY NO for Rs.
on the life of (Deceased).

I, resident of
.....
(address)

widow / eldest son / of the above named deceased Life Assured do hereby solemnly declare that the above policyholder died intestate and I request that legal evidence of title required in terms of the above Policy be dispensed with and I hereby solemnly declare that the following statements are true to the best of my knowledge and belief :-

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1. (a) Full name, address and occupation of the deceased at the time of his death. _____

 - (b) What was the deceased's caste and Religion ? _____
 - (c) Was a Hindu, Sikh, Jain or a Buddhist, the succession to whose estate is governed by the Hindu Succession Act, 1956? _____
 - (d) Was he a Mohammedan, the succession to whose estate is governed by the Mohammedan Law ? _____

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2. When and where did he die ? _____
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3. Has he left any Will ? _____
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4. (a) Has the deceased left any other estate besides the money due under the above policy for which evidence of Title, such as a Succession Certificate is or has to be obtained ? _____

 - (b) Was the deceased insured with any other Company? If so give details. _____

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- (i) Name of the Company (i) _____
- (ii) Number/s of the Policy/ies and amount due under each of such Policy/ies , and (ii) _____
- (iii) Name/s of the Assignee/s or Nominee/s under the above Policy/ies. (iii) _____

NOTE :- In the case of Hindus, if any of relations mentioned in statement 5 herein were adopted, please state full regarding such adoption.

5. (A) Has the deceased left any of the following relations, and if so, give their full names and ages

	Full Name	Age
(a) Sons	(1) _____	_____
	(2) _____	_____
	(3) _____	_____
	(4) _____	_____
(b) Daughters	(1) _____	_____
	(2) _____	_____
	(3) _____	_____
	(4) _____	_____
(c) Widow or Widows / Widower	_____	_____
(d) Mother	_____	_____
(e) Sons, Daughters & Widows of predeceased sons (i.e. of sons who died before the Assured)	_____	_____
(f) Sons & Daughters of Pre - deceased daughters (i.e. of daughters who died before the Assured)	_____	_____

(g) Sons, Daughters & Widows of of predeceased sons of predeceased sons		
(h) Father		
(i) Brothers		
(j) Sisters		

If any of the aforesaid relations are minors, state with whom the minors are living and by whom they are being maintained

5. (B) Has deceased left any other relations, whether as Sharers, Residuaries or Distant Kindred, besides those stated in reply to Q.No. 5(A)? If so, please give the particulars as under:

	Full name of the person	Relationship with the Life assured		Present age
1				
2				
3				
4				
5				

NOTE: This information is required in the case of Mahomedan Policyholder only.

6. If the deceased has not left any of the aforesaid relatives, but has left remoter relations such as Grand Parents, Brother's or Sister's Children etc. give the names and ages, of all such remoter relations		

7. State which of the relatives _____
 as noted in answer to Questions _____
 5 & 6 are Claimants to the Policy _____
 moneys and whether there is any _____
 dispute between any of the relatives _____
 in this connection. _____

8. Give the full name, age and _____
 address of a person of sound _____
 financial standing who is _____
 prepared to execute an _____
 Indemnity Bond jointly with _____
 the heirs of the deceased _____

Dated at _____ this _____ day of _____ 19 _____

Witness:

Signature:
 Name
 Designation
 SS No. if Bank Authority
 Address

 Tel No:

Signature.....
 (Applicant)

Address.....

N.B. : This form must be completed before (1) and Advocate, (2) a Bank Manager, (3) a Block Development Officer, (4) a Commissioner of Oaths, (5) a Doctor, (6) a Gazetted Officer, (7) a Head Master of a High School (8) a Head Postmaster or Departmental Sub-Postmaster, (9) a Magistrate, (10) An Officer of SBI Life (11) President of a Village Panchayat of Local Board.