

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



Joint Indemnity Bond

(To be stamped for appropriate value at the Stamp Office or Collector's office before EXECUTION, or to be copied out on a Non – Judicial Stamped Paper of equal value and notarized)

In consideration of the SBI life Insurance Co. Ltd., having agreed to settle the claim in favour of
waiving the legal evidence of title under
(Names of all the Class I legal heirs)

Policy No. on the life of Shri/Smt
(Name of deceased LA)
 who has died intestate, I/We

(Names of all the Class I legal heirs)

the legal heirs of Late Shri/Smt. hereby
 authorize SBI Life Insurance Co.Ltd. to make payment of Rs.....under Policy
 No.on the life of Late Shri/Smt.....
 towards death claim proceeds to Shri/Smt.....
(Name of the person authorized to receive the claim amount)
 wife/son/daughter of Late Shri/Smt

We the legal heirs hereby indemnify and keep indemnified SBI life Insurance Co. Ltd. from all the losses/damages/costs/expenses etc. that SBI Life Insurance Co. Ltd. has incurred/suffered or likely to incur/suffer by virtue of the payment of the said claim amount of ₹.under the Policy No. to Shri/Smt
(Name of the person authorized to receive the claim amount)

We hereby undertake that this indemnity is absolute and unqualified and we agree that this indemnity bond is the sole basis, based on which, the SBI Life Insurance Co. Ltd. has agreed to waive the legal evidence of title under the Policy No.

Details of all Class I Legal Heirs

Sr. No.	Name & Address of the Legal Heir	Relation with the Deceased Life Assured	Age	Signature	Stamp size photograph of each legal heir
1					

2					
3					
4					
5					

then provide the above details on separate page.

N.B.: If payees are more than 5, then

We.....
.....
(Names of all the Class I legal heirs)

hereby further agree that such a payment to Shri/Smt.....
(Name of the person authorized to receive the claim amount)
shall be valid and complete discharge to SBI Life Insurance Co. Ltd.

Witness:

Signature:

Name:

Address:

.....
.....

Tel No

Signature: 1.....

Signature: 2

Signature 3

Signature 4

(Signature of all the Class I legal heirs)

Date:

Place:

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.