

# SBI LIFE INSURANCE COMPANY LIMITED

## CENTRAL PROCESSING CENTRE CLAIMS DEPARTMENT

### SURETY LETTER

Passport Size  
Photograph  
of Surety

(To be completed and signed by any person, not related to the Claimant having Assets more than the Claim Amount)

Sir/Madam,

I wish to inform you that I am prepared to execute an Indemnity Bond in favor of SBI Life Insurance Co. Ltd to enable it to pay

Shri/Smt \_\_\_\_\_ the death claim proceeds under

Policy No. \_\_\_\_\_ without insisting on legal evidence of life.

I have filled in the details as given below:

QUESTIONS	ANSWERS
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(1) Name and Address \_\_\_\_\_

(2) Telephone No. \_\_\_\_\_

(3) Present occupation \_\_\_\_\_

(4) Approximate monthly income \_\_\_\_\_

(5) Are you related to the party in respect of which this surety is given? If so, state the relationship. \_\_\_\_\_

(6) Property, movable or immovable, possessed and its present value? \_\_\_\_\_

(7) Is the property free from encumbrance? \_\_\_\_\_

(8) Attached copy of Pan Card ☐ YES ☐ NO

(9) Attached proof of Income / Property. ☐ YES ☐ NO

(10) Whether, has stood as a guarantor in any other cases, if so the total amount of guarantee \_\_\_\_\_

undertaken so far in all the cases put together. (Excluding the present case)

I do hereby solemnly assure the Company that I have thoroughly understood and correctly provided the above details.

Witness: \_\_\_\_\_

Signature

\_\_\_\_\_

Signature (Surety)

Name of Witness: \_\_\_\_\_

Address of Witness: \_\_\_\_\_

Tel. No. of Witness \_\_\_\_\_

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.