

AFFIX COURT FEE
STAMP NOT LESS
THAN Rs 100/-

FORM FOR CLAIMING INSURANCE

(TO BE PREPARED ON A NON-JUDICIAL STAMP PAPER OF APPROPRIATE VALUE (NOT LESS THAT RS 100/-) AND ATTESTED BY A MAGISTRATE/TEHSILDAR/MUNSIF MAGISTRATE/NOTARY

AFFIDAVIT CUM INDEMNITY BOND WITH ONE SURETY

(STRIKE OFF WHICHEVER IS NOT APPLICABLE)

1. I, _____, age _____ years, wife/son/daughter/father/mother/brother/sister of Army No _____ Rank _____ Name _____ Regt _____ presently residing at Village/Mohalla _____ Post _____ Tehsil _____ District _____ Pin _____ State _____, Aadhar No _____, PAN No _____ and Mobile No _____
Solemnly affirm, declare and do hereby take an oath :-

2. That I was married to No _____ Rank _____ Name _____ son of Shri _____ resident of Village _____ PO _____ District _____ on _____ (Date of marriage).

3. That my correct name is _____ and not* _____ as recorded in the service documents of the deceased. In the service records of my husband/son, my name has been recorded as _____ whereas in my school records/bank account/adhar card/PAN card, my name is _____. That both names are pertain to one and the same person, ie, me.

4. That _____ (Army No _____) died on _____ due to _____ (cause of death)

5. That the details of all family members (if predeceased indicate date of death) of Late _____ No _____ Rank _____ Name _____ are as under:-.

(a) Father _____ Age _____ Years _____.

(b) Mother _____ Age _____ Years _____.

(c) Widow _____ Age _____ Years _____.

(d) Children of the deceased (Including adopted children)

Name of Children	Male/Female	Date of birth	Remarks
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

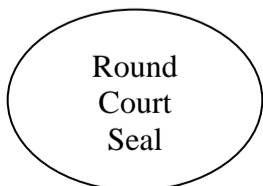
(e) Brothers and sisters of the deceased.

Name (s)	Age	Years
_____	_____	_____
_____	_____	_____
_____	_____	_____

VERIFIED / ATTESTED

Official Seal

Secretary Zila Sainik Board



OR

6. That _____ was NOT married. He died as a bachelor and is not survived by any wife, divorced wife or children (if applicable).

OR

7. That the first wife of the above deceased Smt _____ died during _____ 20__ and the following children were born from the first wife (if applicable).

Name (s)	Date of birth
_____	_____
_____	_____

OR

8. That Smt _____ the first wife of deceased has/had divorced late _____ on _____ and _____ got re-married to Shri _____ of village _____ PO _____ District _____ on _____ (Date) (if applicable).

9. That the children of the above deceased are being looked after by _____.

10. That the insurance benefits of the above deceased be paid to the undermentioned family members

Names	Share (%)	PAN No	Aadhar No
_____	_____	_____	_____
_____	_____	_____	_____

11. That there is no dispute suit or litigation of any nature whatsoever pending between the legal heirs of the above deceased.

12. That the death benefits under AGI Scheme to be paid to me as per **Bank Details** are given below:-

A/C No _____ Bank Name _____ Branch Name _____
 IFSC Code No _____ Bank Address : Post _____ Dist _____
 State _____ Pin _____

13. It is certified that the **above account is a Saving Account and in operative state**. Last transaction was made on _____.

14. **Unsigned Cancelled cheque/copy of 1st page of pass book** for the same account as given in para 12 above is enclosed.

15. THE DEED OF INDEMNITY is made this _____ day of _____ 20__ by _____ wife/son/daughter/father/mother/brother/sister of _____
 (Name of Promisor)

resident of Village _____ PO _____ District _____ State _____ (hereinafter) called, "the Promisor" which term shall unless excluded by the context or by law mean and include the said _____ his/her, heirs, executors, administrators and assigns
 (Name of Promisor)

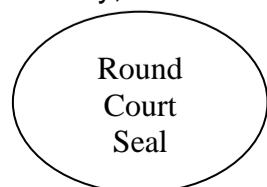
Shri/Smt _____, son/daughter of _____ resident of Vill _____
 (Name of surety)

PO _____ District _____ State _____, PIN _____ (hereinafter Called

"The Surety") which terms shall unless excluded by the context or by law mean and included the said _____ his/her, heirs executors, administrators and assigns in favour of

(Name of Surety)

the Army Group Insurance Society a Society registered under the society Registration Act 1860 having its Office at Army Headquarters, New Delhi (hereinafter called "The Society") which terms shall unless excluded by the context or by law mean and included the said Army Group Insurance Society, its successors and assigns.



16. Whereas the late No _____ Rank _____ Name _____
_____ of _____ (Regiment / Corps) died on _____ without
leaving wife (s) or children (including step and adopted children).

17. AND WHEREAS the said deceased is survived by other members of his family as
mentioned at para 5 above.

18. AND WHEREAS the Promisor and the aforesaid other surviving members of the
deceased's family have represented to and assured the Society and they are entitled to receive
certain amount as may be determined by AGIF towards the Insurance benefits of the deceased
under the Army Group Insurance Scheme and that there is no other member of the deceased family
entitled to claim the same in preference to or simultaneously with them and have requested the
Society to pay the amount of the aforesaid benefits to them. I by means of this Indemnity Bond
undertake that if any other legal heirs object for payment of any portion of **SHARE KEPT FOR A
PRESCRIBED PERIOD**, meant for them and move the court, I shall repay the amount with interest
as per the verdict of the court.

19. AND WHEREAS the Society has agreed to accede to the said request of the Promisor and
other aforesaid surviving members of the deceased's family, the Promisor executes a proper Deed
of Indemnity with the Surety in favour of the Society.

20. NOW, THEREFORE THIS DEED OF INDEMNITY WITNESSES that in consideration of
the society's acceptance of the representations made and assurance given to it as above and the
Society's agreeing to pay the amount of the insurance/Saving Benefits of the deceased under the
deceased's family, the Promisor and the Surety hereby agree and undertake to refund with interest
to the Society the entire amount received by the Promisor in case the representations made and
assurance given to Society are found to be false in any particular and there is any other claimant
entitled to the said amount of the benefits of the deceased in preference to or simultaneously with
the Promisor and the other aforesaid surviving members of the deceased's family and the Promisor
and the Surety shall keep the Society indemnified and harmless against any and every loss or/ and
damage suffered by the Society shall keep the Society indemnified and harmless against any and
the Surety under this deed is joint and several.

21. That the payment if made will be subject to the clear understanding that I will be liable to
share and/or part with proportionate share of any other heir to the said property of the deceased
accordingly to law applicable in this behalf.

22. That in case the above declaration is not found to be true at any time in any particulars, I
shall be liable to refund the whole amount alongwith interest at the rate of 12% per annum from the
date of payment till it is refunded. Further, I will also be liable to criminal action for declaring any
wrong facts.

23. In Witness Where of the said _____, the promisor and
(Name of Promisor/Claimant)
the surety _____ have signed the deed, the day _____ month _____
(Name of the surety)
year _____ written above.

Signature of Promisor/claimant

(Signature of Surety)

DECLARATION

I the above said Shri / Smt _____ do hereby solemnly affirm and
declare that contents of this Affidavit cum Indemnity Bond are true to the best of my knowledge and
nothing has been concealed or suppressed.

(Signature of Promisor/claimant)



VERIFICATION AND ATTESTATION

Certified that the above statement was declared on _____ *other

*Solemn affirmation

Before me at _____ (place) on this _____ day of _____ 20 _____ by _____
who is identified by _____ and witnessed by _____

Identified by

Signature _____
Name in block letters _____
Full postal address _____

WITNESS:

1. _____
Signature _____
Name in block letters _____
Full postal address _____

2. _____
Signature _____
Name in block letters _____
Full postal address _____



Signature of Magistrate/Tehsildar/Notary