



Unclaimed Amounts – Policyholders Dues: Claim Form

Date:

From.....

The Branch Manager
IFFCO – TOKIO General Insurance Co. Ltd,
_____ Branch

Dear Sir/ Madam,

I/We the undersigned Mr./Mrs./Ms/_____
the capacity of

- Self
- Nominee
- Legal Heir
- Others (please specify)

request for settlement of claim, for Unclaimed Amounts – Policy Refund/Claim(s) held with your Insurance Company in the name(s) of

Mr./Mrs./Ms/Others_____

Policy/Claim No. and Other details:
(with documentary proof)

Name of Claimant(s):

Communication Address with PIN Code:

DOB PAN No. Passport No. Tel/Mob.No.

I/We understand that claim will be settled post due diligence and authentication of documents and in subject to insurer's process & policy. I/We undertake to submit the document as may be necessary for the Insurer to process the claims and agree to execute the required documents to settle the claim.

Signature:_____

Name :_____

Customer Acknowledgment slip (to be filled in by ITGI official)

Date:

Received a request from Mr./Mrs./Ms._____ for
claiming Unclaimed Amounts – Policy Refund/Claim Amounts.

IFFCO-TOKIO General Insurance Co. Ltd
Branch _____ Code _____

Signature of Insurer Official with Insurer seal