Life Insurance Maturity Claim Form

Policy Details

Policy Number

Plan Name

Date of Commencement

Date of Maturity

Insured Person Details

Name of Insured

Date of Birth

Contact Number

Email

Address

Bank Account Details (for Payment)

Account Holder's Name

Bank Name

Branch

Account Number

IFSC Code

Type of Account

Declaration

I hereby declare that the information given above is true and correct to the best of my knowledge.

Signature of Claimant

Date