AFGIS- 222 (WITHOUT PREJUDICE)
(To be raised in single copy)

AIR FORCE GROUP INSURANCE SOCIETY
AIR VETERANS DEATH CLAIM FORM

Part – I (To be completed by the claimant)

Particulars

1. I, _____ (Name) _____ (relation) of Late _____ (Service No) _____(Rank) _____ (Name) who died on _____ due to _____(cause of death) request, Air Force Group Insurance Society to remit the amount due to me under the Air Veterans Insurance Cover to my SB A/c No:_____
Bank Name _____ Branch _____
IFSC Code_____

Declaration

2. I am eligible for the said benefits for _____% share, payable as per the rules and regulations of the Society. I say that I receive the payment of insurance benefits as a trustee being the nominee and undertake to disburse the same amongst all other eligible legal heirs of my _____ (Spouse/Son/Daughter etc) in accordance with Law of Succession. I undertake to indemnify the Society i.e AFGIS from all claims demands, losses, litigation expenses and undertake to refund the entire amounts along with interest @ 12 % p.a (or as applicable from time to time) or any demand of what so ever nature in the event of any dispute in r/o the death benefits received by me.

3. I am enclosing the following documents along with this claim:
   (a) Death Certificate ☐
   (b) Self attested copy of Aadhaar / PAN / Voter Id /Passport ☐
   (c) Copy of 1St page of Passbook & Cancelled Cheque (Individual Account). ☐

4. I hereby acknowledge that I have read and understood the contents of this form and certify that the above particulars are correct.

Self attested photo of claimant

Signature of the claimant

Address: _____
_____
_____
_____

Place: _____
Date: _____

Mob no:/Tele(with STD Code)_____
E-mail id :_____

Part – II
(To be completed by AFGIS)

Checked and passed for payment of ₹_____Rupees_____

Approved

JD(Finance)/Secretary, AFGIS PD AFGIS

Payment particulars :

Paid ₹_____vide CMP/ECS _____ Dated_____

(JD Finance), AFGIS