AFGIS-230 (Without Prejudice)

(To be raised in single copy)

AIR FORCE GROUP INSURANCE SOCIETY
DEATH CLAIM FORM: WHILE IN SERVICE
PART-I (To be completed by the claimant)

Particulars

1. I_____(Relationship)_____of late (Rank)_____ Name_____ Service No_____ Branch/Trade _____request Air Force Group Insurance Society to pay me the death insurance claim admissible under the Air Force Group Insurance Scheme due to the death of my (relation)_____ who died on (date) _____ due to (cause)_____ The amount may please be credited to my SB A/c No_____ Bank Name _____Branch _____IFSC_____

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 late …….. (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) Self attested copy of Aadhaar / PAN /Passport ☐
   (b) Copy of 1St page of Passbook & a Cancelled Cheque ☐

4. I certify that the particulars and statement furnished above by me are correct.

Self attested photo of the claimant.

Signature of the applicant
Address: _____
_____
_____
Mobile no:/Tele(with STD Code)_____
E-mail id :_____

Received ₹_____ Rupees _____being the amount of insurance claim admissible under Air Force group Insurance Society.

Pre-Receipt

Signature:
Place: _____
Date: _____

PART-II
(To be certified by AOC/Stn Cdr/CO of the last or any Air Force Station/Magistrate)

Service No _____Rank _____Name _____Unit_____ died on (Date)_____due to _____(cause of death).
His/her beneficiary is/are Smt/Shri _____as per the service documents/nomination executed by the deceased on (Date) _____

Certified that the information furnished above has been verified and found correct

Date :_____ Signature _____
Place : _____ Name _____

PART-III
(To be completed by AFGIS)

Checked and passed for payment for ₹_____

Approved

JD (Sys & Cont) Chairman Managing Committee

Payment particulars :

Paid ₹_____ vide CMP/ECS _____ Dated_____

(JD Finance), AFGIS