

TRIPURA GRAMIN BANK By Customer
HEAD OFFICE: ABHOYNAGAR, AGARTALA, WEST TRIPURA

.....**Branch**
(APPLICATION FOR SETTLEMENT OF CLAIM UNDER GCLI/SPGI/UWP SCHEME)

To
The Branch Manager

Date.....

.....Branch
Address:

Subject: Application regarding the claim of GCLI/SPGI/UWP of deceased.....
.....Loan A/C No.....

Respected Sir,
I would like to inform you that my father/mother/brother/sister/son/daughter/.....
has been died onfrom (cause of death/disease) and
he/she had enrolled to GCLI/SPGI/UWP scheme with your branch on..... for Loan A/C
No.....

I am submitting the claim of the aforesaid insurance along with all required documents as
mentioned below:
(please tick in proper box and carry original documents with you)

1. Death certificate[]
2. Copy of Bank Passbook of deceased []
3. ID card of nominee.[]

Therefore I request you to kindly arrange the settlement of the insurance at your earliest.

Regards

Yours faithfully

Signature of the Nominee
(as registered in Consent letter with LIC)

Full address:

Mobile NO:

By Branch

TRIPURA GRAMIN BANK
HEAD OFFICE: ABHOYNAGAR, AGARTALA, WEST TRIPURA

.....Branch

Claim Reference NO.:_.....Register Sl no.....

(Head Office only)

SL NO.

Claim received by HO.....

Claim sent to insurer on.....

To
The HOD(Development)
Tripura Gramin Bank
Head Office
Agartala

Date-.....

Sir,

Re:: Submission of GMRA/GCLI/SPGI/UWP Death claim of deceased.....
..... for insured HBL/CDL/UWP/Education/Others.....

A/C No.....

We are to forward the death claim of deceased Sri/Smt.
with all requisite documents as listed below:

(please tick after checking, signing and verification of all true copies)

1. Application Form duly signed by claimant []
2. Death certificate[]
3. Loan account statement upto the date of death. []
4. Original Consent letter signed by deceased along with LIC ID. []
5. Claim form (Annexure) []
6. Copy of statement(with TR No & date) containing the premium of insurance sent to HO (in case of old GMRA) []

We have verified all the documents with original copies and found matched with them. You are requested to arrange the needful to settle the aforesaid claim.

Yours faithfully

(Seal and Sign of Bank Branch official)

Encl: as stated.

Annexure
LICI, P&GS DEPARTMENT, SILCHAR By Branch
(For use in both death claim and pre-mature closure claim)
TRIPURA GRAMIN BANK

Death claim, statement cum discharge form for GMRA scheme
Part –A

(To be completed by bank institution, which enrolled the member and collected the premium.)

1. Name of the scheme: GMRA/GCLI/SPGI/UWP
 2. Master policy holder: Tripura Gramin Bank.
 3. Master policy number: _____ (to be filled by HO)
 4. Full address of nodal Branch of Bank institution: Tripura Gramin Bank
_____ Branch
 5. Full name of the member who has expired /foreclosed : Sri/Smt./ Lt. _____
 6. Date of birth as given in the application form:- ____/____/____
 7. Date of entry in the scheme by the member: ____/____/____
 8. Date of Death of member: ____/____/____
 9. Particulars of single premium : Rs: _____ /-(Rupees _____ only)
 - 10.a) Loan A/C No: _____ (please put single loan account No. In case of multiple loan please claim separately)
 - b) Loan amount outstanding as on date of death: Rs: _____ /-(Rupees _____ only)
 - c) EMI: Rs. _____ /-
 11. Cause of death of the member: _____
 12. Claim amount as per schedule of indebtedness Rs :- _____ /- (Rupees _____ only)
 13. Proportionate premium to be refunded
In case of fore- closure of loan(Please tick the option as applicable): Rs. _____ /-
We hereby declare that informations given above are true in every respect.
- Enclosures: 1. Original consent letter.
 2. Death certificate as proof of death.
 3. Repayment receipt(in case of fore-closure of loan)/ Statement of Loan.

Branch Manager

_____ Branch

Place: _____

Date: _____

(For Master Policy Holder)
Chief Manager
(Development)
Tripura Gramin Bank
Head Office