
IDBI Federal Life Insurance Co Ltd

FORM OF APPLICATION TO DISPENSE WITH LEGAL EVIDENCE OF TITLE
POLICY NO for Rs.
on the life of (Deceased
).

I, of
(address) widow / eldest son / daughter of the above named
.....do hereby solemnly declare that the above policyholder died intestate and I
request that legal evidence of title required in terms of the above Policy be dispensed with and I
hereby solemnly declare that the following statements are true to the best of my knowledge and
belief :-

1.

(a) Full name, address and occupation of the deceased at the time of his /her death.

(b) What was the deceased's caste?

(c) Was the deceased a Hindu, Sikh, Jain or a Buddhist, the succession to whose estate is
governed
by the Hindu Succession Act, 1956?

(d) Was he/she a Mohammedan, the succession to whose estate is governed by the
Mohammedan Law?

2. When and where did he/she die?

3. Has he/she left any Will?

4. (a) Has the deceased left any other estate besides the money due under the above policy for
which evidence of Title, such as a Succession Certificate is or has to be
obtained ?

(b) Number/s of the Policy/ies and amount due under each of such Policy/ies with our company,
and

(c) Name/s of the Assignee/s or Nominee/s under the above Policy/ies.

NOTE :- In the case of Hindus, if any of relations mentioned in statement 5 herein were adopted, please state full regarding such adoption.

5.

(A) Has the deceased left any of the following relations, and if so, give their full names and ages

Full Name

Age

(a) Sons

(1) _____
(2) _____
(3) _____
(4) _____

(b) Daughters

(1) _____
(2) _____
(3) _____
(4) _____

(c) Widow or Widows / Widower

(d) Mother

(e) Sons, Daughters & Widows of predeceased sons (i.e. of sons who died before the Assured)

(f) Sons & Daughters of Pre - deceased daughters (i.e. of daughters who died before the Assured)

(g) Sons, Daughters & Widows of of predeceased sons of predeceased sons

(h) Father

(i) Brothers

(j) Sisters

If any of the aforesaid relations are minors, state with whom the minors are living and by whom they are being maintained

5.

(B) Has deceased left any other relations, whether as Sharers, Residuaries or Distant Kindred, besides those stated in reply to Q.No.5(A)? If so, please give the particulars as under:

Full name of the person	Relationship with the life insured	Present age
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- 1
- 2
- 3
- 4
- 5

NOTE: This information is required in the case of Mahomedan Policyholder only.

6. If the deceased has not left any of the aforesaid relatives, but has left remoter relations such as Grand Parents, Brother's or Sister's Children etc. give the names and ages, of all such remoter relations .

7. State which of the relatives as noted in answer to Questions 5 & 6 are Claimants to the Policy moneys and whether there is any dispute between any of the relatives in this connection.

8. Give the full name, age and address of a person of sound financial standing who is the Surety

prepared to execute an Indemnity Bond jointly with the heirs of the deceased

Dated at _____ this _____ day of _____ 20 _____

Witness :

Name Signature.....

Designation

Address
.....

Note. : This form must be completed before (1) an Advocate, (2) a Gazetted Officer, (3) President of a Village Panchayat of Local Board.
