

Death Claims Documents Check List



✓ Tick Yes / No Boxes

SL.NO	DOCUMENTS TO BE COLLECTED	Yes	No
1	Claim Form (Jana Suraksha) Filled-Up & Signed by Master Policy Holder's authorized signatory.	✓	
2	Certificate of Insurance (COI) for GTLI - Gold Policies only.		
3	Declaration of Good Health (DOGH). (DOGH is available in Loan Agreement with Loanee signatory)		
4	Death Certificate Original Copy (If Xerox copy is provided then the same needs to be attested by a State / Central Govt. Officer or a MBBS Doctor).	✓	
5	Medical Reports for HEALTH ISSUE Death case.		
6	Death Summary for HOSPITALISED Death case.		
7	Legal Heir Request Letter.	✓	
8	Address Proof / ID Proof Xerox Copies (Loanee & Legal heir).	✓	
9	Family Member Certificate Or Ration Card.	✓	
10	Legal Heir (Nominee) Bank Account Details with IFSC Code.	✓	
11	Given Agreement Account Copy (other than PJ) for PJ Loans Pledged Jewel Query Statement (Menu ID: 30321213).	✓	
12	First Information Report (FIR) & Investigation Report Xerox Copy		
13	Post Mortem Report Xerox Copy		

- ✓ Mentioned 13 documents for death occurring due to Accident or Suicide.
- ✓ Mentioned first 11 documents for death for Natural.

Verified by Name:

Designation:

K. REDDY SEK HAR REDDY
AK01317 - ABM

Contact No:

807473 2087

Signature

Date:

27/02/24



SHRIRAM LIFE INSURANCE COMPANY LIMITED

Registered Office, Hyderabad 500 029.

Application for Death Claim Under Shriram Jana Suraksha

Name of the Master Policy Holder : SHRIRAM FINANCE LTD
Name of the Deceased Group Member : MASHINI KRISHNAIAH
SLIC Identification Number :
SCUF Customer ID/Agreement Number: PILERPL 2308210009
Date of Birth : 01-01-1966
Date of Death : 15-09-2023
Cause of Death : HEART ATTACK
Place of Death : SVRR GG HOSPITAL
Details of Loans sanctioned : PILERPL 2308210009

M 1447553

(In case of multiple Loans, all such Loan details must be mentioned below)
Loan ID Number Dt of Sanction Amount of Loan Risk Cover Amount Risk Cover on Dt of Death.

A.
B.
C.

The following Documents are enclosed along with this claim Form.

- Death Certificate in original
- Copy/Copies of Certificate of Cover.
- "Declaration of Good health" (Original) of the Deceased member taken at the time of sanction of Loan (Each time).

I/We hereby declare that all the above information is true in every respect.

Signature of the Master Policy Holder
Office Seal & Designation
K. REDDY SEKHAR REDDY
AK01317 - ABM



Place: PILER
DATE:

For Office (SCUF) Use Only

Sanctioned/Rejected

Sanctioning Authority

సంఖ్య 1
No. 1



ఆంధ్ర ప్రదేశ్ ప్రభుత్వము
GOVERNMENT OF ANDHRA PRADESH
వైద్య, ఆరోగ్య మరియు కుటుంబ సంక్షేమ శాఖ
DEPARTMENT OF HEALTH, MEDICAL AND FAMILY WELFARE

SVRR GG HOSPITAL

ఫారం-6
FORM-6



మరణ దృవ పత్రము
DEATH CERTIFICATE

(జనన మరణ నమోదు చట్టం 1969, 12/17 విభాగము ప్రకారము, ఆంధ్ర ప్రదేశ్ జనన మరణ నమోదు నిబంధనలు 1999, 8/13 కింద జారీచేయడమైనది)
(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE ANDHRA PRADESH REGISTRATION OF BIRTHS & DEATHS RULES 1999.)

ఈ క్రింది సమాచారాన్ని మరణం నమోదు యొక్క అసలు రికార్డు రాష్ట్రం యొక్క... ఎన్ వి ఆర్ ఆర్ జి జి వైద్యశాల, తిరుపతి జిల్లా, తిరుపతి అర్బన్ బ్లాక్ / బ్లాక్ నంబర్
THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF DEATH WHICH IS THE REGISTER FOR SVRR GG HOSPITAL OF TAHSIL/BLOCK TIRUPATI URBAN OF DISTRICT TIRUPATI OF STATE/UNION TERRITORY ANDHRA PRADESH, INDIA.

మరణించిన వ్యక్తి పేరు / NAME OF DECEASED : M KRISHNAIAH

ఆధార్ సంఖ్య / AADHAAR NO.:
XXXXXX9287

లింగము / SEX: 00000 / MALE

మరణించిన తేదీ / DATE OF DEATH:
15-09-2023

FTEENTH-SEPTEMBER-TWO THOUSAND TWENTY THREE

మరణించిన ప్రదేశం / PLACE OF DEATH:
ఎన్ వి ఆర్ ఆర్ జి జి హాస్పిటల్ / SVRR GG HOSPITAL

మరణించిన వ్యక్తి యొక్క వయస్సు / AGE OF DECEASED:
YEARS

భర్త / భార్య పేరు / NAME OF HUSBAND / WIFE:

తల్లి పేరు / NAME OF MOTHER:

ఆధార్ సంఖ్య / HUSBAND/WIFE AADHAAR NO. :

తల్లి సంఖ్య / MOTHER'S AADHAAR NO. :

తండ్రి పేరు / NAME OF FATHER :
LATE M NAGAI AH

మరణించినప్పుడు మృతుని చిరునామా / ADDRESS OF THE DECEASED AT THE TIME OF
DEATH :

ఆధార్ సంఖ్య / FATHER'S AADHAAR NO. :

AKAMPALLI, NOOTHANAKALVA, KAMBHAMVARIPALLE, ANNAMAYYA, ANDHRA PRADESH
కంభంవారిపల్లె, అన్నమయ్య,

మృతుని స్థిర నివాసపు చిరునామా / PERMANENT ADDRESS OF
DECEASED :

దు సంతకం / REGISTRATION NO:
23: 28-90172-002751

GORAKAMPALLI, NOOTHANAKALVA, KAMBHAMVARIPALLE,
ANNAMAYYA, ANDHRA PRADESH

మరణములు / REMARKS (IF ANY):

కంభంవారిపల్లె, అన్నమయ్య,

నమోదు తేదీ / DATE OF REGISTRATION:
16-09-2023

జారీ తేదీ / DATE OF ISSUE:
2023

జారీ చేసిన అధికారి సంతకం / ISSUING AUTHORITY

(జనన మరణ రిజిస్ట్రార్)
REGISTRAR (BIRTH & DEATH)

SVRR GG HOSPITAL

PRINTED ON :
023 00:00:00



Handwritten signature
CASUALTY MEDICAL OFFICER
SVRR GG HOSPITAL
TIRUPATI

"THIS IS A COMPUTER GENERATED CERTIFICATE WHICH CONTAINS FACSIMILE SIGNATURE OF THE ISSUING AUTHORITY"
THE GOVT. OF INDIA VIDE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 HAS
APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES.
ప్రతి జననము, ప్రతి మరణము తప్పకుండా 21 రోజులలో నమోదు చేయండి / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH "



To,
Branch Manager,
Sri Ram Finance LTD,
Piler,

FROM,

M. Natarayamma,
Gosakampalli (V),
Noothana Kalava (P),
K. V. Palli (M),
Annamayya (D).

గోపనీయతైన మనోజ్ఞుడైన నాకు గాత్రీ వివరణ-
కుంద వివరణ నా భర్త Late M. Krishnamiah, వు ప్రెసెంట్ ను
1,50,000 రూపాయల లాన్ 22-08-2023 న జరిగినందుకు ఆధారం
నంబర్ పిలువ PL2308210009 ద్వారానే గాత్రీ రెన్స్ ఉబ్బయ
లాన్ కు బహుచేతనగానే తీసుకున్నాను.


K. REDDY SEKHAR REDDY
AK01317 - ABM

మీద,
M. Natarayamma



భారత ప్రభుత్వం
GOVERNMENT OF INDIA



ఎం కృష్ణయ్య
M Krishnaiah

పుట్టిన సంవత్సరం/Year of Birth: 1966
పురుషుడు / Male



8251 8914 9287

ఆధార్ - సామాన్యుని హక్కు



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

చిరునామా: S/O లేట్ ఎం నాగయ్య,
గోరకంపల్లె,
కంభంవారిపల్లి,
నూతనకల్వా,
చిత్తూర్,
ఆంధ్ర ప్రదేశ్,
517213

Address: S/O Late M Nagaiah, -,
Gorakampalle, kambhamvaripalli,
Noothanakalva, Gyarampalle-
kothapalle, Chittoor, Andhra
Pradesh, 517213



1947
1800 180 1947



help@uidai.gov.in



www.uidai.gov.in

పి.ఓ. లాక్స్ నెం. 1947,
బెంగళూరు-560001



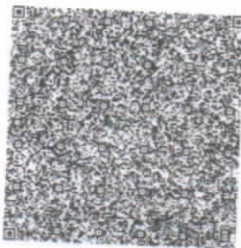
భారత ప్రభుత్వం
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్/Enrolment No.: 2935/30104/01313

To
యం నారాయణమ్మ
M Narayanamma
W/O M Krishnaiah

Gorakampalle
kambhamvaripalli
Noothanakalva
Chittoor Andhra Pradesh - 517213
9347104606



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

6411 7703 6576

VID : 9120 7360 0806 2028

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం
Government of India



యం నారాయణమ్మ
M Narayanamma
పుట్టిన తేదీ/DOB: 01/04/1977
FEMALE

6411 7703 6576

VID : 9120 7360 0806 2028

నా ఆధార్, నా గుర్తింపు



Government of India



సమాచారము / INFORMATION

- ఆధార్ అనేది గుర్తింపు రుజువు. పౌరసత్వానికి కాదు.
- ఆధార్ ప్రత్యేకమైనది మరియు సురక్షితమైనది.
- సురక్షిత QR కోడ్/ఆఫ్లైన్ XML/ఆఫ్లైన్ ప్రమాణీకరణను ఉపయోగించి గుర్తింపును ధృవీకరించండి.
- ఆధార్ లెటర్, PVC కార్డ్, **ఎ** ఆధార్, **ఎం** ఆధార్ వంటి అన్ని రకాల ఆధార్ లు సమానంగా చెల్లుబాటు అవుతాయి. 12 అంకల ఆధార్ సంఖ్య స్థానంలో పర్మనెంట్ ఆధార్ ఐడింటిటీ (VID)ని కూడా ఉపయోగించవచ్చు.
- కనీసం 10 సంవత్సరాలకు ఒకసారి ఆధార్ ను అప్డేట్ చేయండి.
- వివిధ ప్రభుత్వ మరియు ప్రభుత్వేతర ప్రయోజనాలు/సేవలను పొందడంలో ఆధార్ మీకు సహాయపడుతుంది.
- మీ మొదటి సంఖ్య మరియు ఈ-మెయిల్ వంటివి ఆధార్ లో అప్డేట్ చేసుకోండి.
- ఆధార్ సేవలను పొందేందుకు స్మార్ట్ ఫోన్లలో **ఎం** ఆధార్ యాప్ ను డౌన్లోడ్ చేసుకోండి.
- భర్తలను చిహ్నించడానికి లాక్/అన్లాక్ ఆధార్/బయోమెట్రిక్స్ పేదర్చి ఉపయోగించండి.
- ఆధార్ ను అభ్యర్థించే సంస్థలు తగిన సమ్మతిని పొందవలసిన అంశం.
- Aadhaar is a proof of identity, not of citizenship.
- Aadhaar is unique and secure.
- Verify identity using secure QR code/offline XML/online Authentication.
- All forms of Aadhaar like Aadhaar letter, PVC Cards, eAadhaar and mAadhaar are equally valid. Virtual Aadhaar Identity (VID) can also be used in place of 12 digit Aadhaar number.
- Update Aadhaar at least once in 10 years.
- Aadhaar helps you avail various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app on smart phones to avail Aadhaar Services.
- Use the feature of lock/unlock Aadhaar/biometrics to ensure security.
- Entities seeking Aadhaar are obligated to seek due consent.



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India



తిరువానూ:
W/O ఎం కృష్ణయ్య, గోరకంపల్లె, కంభంవారిపల్లి,
నూతనకల్వ, చిత్తోర్,
ఆంధ్ర ప్రదేశ్ - 517213

Address:
W/O M Krishnaiah, - Gorakampalle,
kambhamvaripalli, Noothanakalva, Chittoor,
Andhra Pradesh - 517213



6411 7703 6576

VID : 9120 7360 0806 2028

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GOVERNMENT OF ANDHRA PRADESH

ఆంధ్రప్రదేశ్ ప్రభుత్వం

Food & Civil Supplies Department

ఆహార మరియు పౌర సరఫరాల శాఖ

National Food Security Act, 2013

జాతీయ ఆహార భద్రతా చట్టం, 2013

RICE CARD - బియ్యం కార్డు

Rice Card Type

బియ్యం కార్డు రకం : NFSA/PHH

Rice card No

బియ్యం కార్డు నంబరు : 2810671841

Name of Head of Family(HOF)

కుటుంబ పెద్ద పేరు : M narayanamma

కుటుంబ పెద్ద పేరు

Member ID of HOF

కుటుంబ పెద్ద సంఖ్య : 2810671841 / 00

Date of Birth/Age of HOF

పుట్టిన తేదీ / వయస్సు : 01-01-1981 / 39 సంవత్సరాలు

Gender of HOF

కుటుంబ పెద్ద లింగము :

Total Family Members

మొత్తం కుటుంబ : Four (04) members

మొత్తం కుటుంబ

సభ్యుల సంఖ్య

సభ్యుల సంఖ్య : నలుగురు (04) సభ్యులు

Fair price shop ID & Name

చౌకదర్ దుకాణం ఐడీ : 1009025/C.venkatakurumari,

చౌకదర్ దుకాణం ఐడీ

పేరు

పేరు : 1009025/సి.వెంకటకుమారి

Date of Issue of Rice Card

బియ్యం కార్డు మంజూరు : 15-02-2020

చెసిన తేదీ

Toll Free Helpline

సహాయం కొరకు పిలుస్తే నెంబరు : 1902 / 1800 425 0082

Photo of HoF



కుటుంబ పెద్ద ఫోటో

Details of Family Members

కుటుంబ సభ్యుల వివరాలు

Member ID సభ్యుని ఐడీ	Member Name సభ్యుని పేరు	DOB/Age పుట్టిన తేదీ/ వయస్సు	Gender లింగము	Relation with HoF కుటుంబ పెద్దతో సంబంధము
2810671841/01	Masina krushna మాసిన కృష్ణ	03-11-1966/53		
2810671841/02	Masina majikarjuna మాసిన మజికర్జున	03-11-1993/26		
2810671841/03	Masina jayachandra మాసిన జయచంద్ర	25-07-2000/19		

Permanent Address Of
The Rice card
holder/HOF

: 2 2, gorakampalle, gorakampalle,
noothanakaiva(v)

బియ్యం కార్డు ధారుని/
కుటుంబ పెద్ద యొక్క
కాశీక దిరునామా

: 2 2, gorakampalle, gorakampalle,
noothanakaiva(v)

Address of the Fair Price
Shop

: Kuravapalle

చౌకదర్ దుకాణం

దిరునామా

: కురవపల్లె

Address of the nearest
Tahsil Office

: Tahsildar Office, KAMBHAMVARIPALLE

సమీప తహసీల్దార్

కార్యాలయము

దిరునామా

: తహసీల్దార్ కార్యాలయము, కంభంవారిపల్లె

Address of Food & Civil
Supplies
Department(Head Office)

: Civil supplies Bhavan,
Ashok Nagar,Vijayawada-520007

ఆహార పౌర సరఫరాల

శాఖ (ప్రధాన

కార్యాలయము)

దిరునామా

: పౌరసరఫరాల భవన్, ఆశోక్ నగర్, విజయవాడ
- 520007



Digitally Approved by



Tahsildar/ASO
KAMBHAMVARIPALLE

Toll Free Helpline

సహాయం కొరకు పిలుస్తే నెంబరు : 1902 / 1800 425 0082

Details of Nominee

Registered (Yes/No) :

If Yes, Reg No
(Optional)

Name

Useful Tips :

1. Register your Mobile and email-id for getting information about your account.
2. You may call toll free number for inquiry etc.
3. Get pass-book updated regularly.
4. Issue standing instructions where ever possible.
5. Do not put signature any where in pass-book.
6. We welcome your suggestions.
7. Contact branch manager in case of difficulties/Value added services.
8. Toll Free Help Line No. :
9. Do not fall prey to false promises: beware of dubious schemes.
10. Please do not disclose your Account details/Internet Banking, User Id and Password/ATM Debit card/ Credit card/ Mobile Banking Personal information to any Person.



MINIMUM BALANCE TO BE MAINTAINED IN SAVINGS BAL			
	With cheque facility	Without cheque facility	Charges for non-maintenance of minimum balance
Rural & Semi-Urban branches	Rs. 500/-	Rs. 100/-	Rs. 5/-
Other branches	Rs. 1000/-	Rs. 500/-	Rs. 10/-
Pensioners' S.B. Account	Rs. 250/-	Rs. 5/-	As above



इण्डियन ओवरसीज बैंक
Indian Overseas Bank

Branch: [0976] KHAMBAMVARIPALLI Phone:
(VIA) G KOTHAPALLE,

KHAMBHAMVARIPALLI KOTHACHERUVU-517213 ANDHRA PRADESH, INDIA

MICR: 517020762 IFSC: IOBA0000976 E-Mail: IOB0976@iob.in

Account No: 097601000053187 Cust Id: 55674472

Scheme Code: SBPUB MRS..M NARAYANAMMA Opened On: 26-06-2018 MOP: SELF OPERATED

NOOTHANAKALVA

GORAKAMPALLE

CHITT

KAMBHAMVARIPALLE, ANDHRA PRADESH, INDIA, PIN-517213

Nomination: REGISTERED





INDIA NON JUDICIAL

Government of Andhra Pradesh



IN-AP46226909462230V

e-Stamp

Certificate No. : IN-AP46226909462230V
Certificate Issued Date : 08-Dec-2023 02:03 PM
Account Reference : NEWIMPACC (SV)/ ap18036404/ AP-ANM/ AP-PLR/apmutsivu
DDO Code : 11102308001 SRO PILER
Unique Doc. Reference : SUBIN-APAP1803640482281915272270V
Purchased by : M NARAYANAMMA WIFE OF Late M KRISHNAIAH
Description of Document : Article 4 Affidavit
Property Description : Not Applicable
Consideration Price (Rs.) : 0
(Zero)
First Party : M NARAYANAMMA WIFE OF Late M KRISHNAIAH
Second Party : Not Applicable
Paid By (For Whom) : M NARAYANAMMA WIFE OF Late M KRISHNAIAH
Stamp Duty Amount(Rs.) : 100
(One Hundred only)



T. Jayaram
THOPPI REDDY JAYASREE
Licensed Stamp Vendor
L.No. 10-07-003 of 2021
Ayyappa Reddy Colony
PILER- 517 214, Chittoor Dt.
Cell No. 8978796003

AFFIDAVIT

Please write or type below this line

I, **M.NARAYANAMMA** (Aadhar No:6411 7703 6576) , W/o. Late. **M.KRISHNAIAH**, aged about 46 Years, House-Wife, residing at Gorakammampalli, H/o Noothanakalva, K.V.Palli Mandal, Annamayya District, Andhra Pradesh -517 213, India., do hereby solemnly affirm and state as follows:

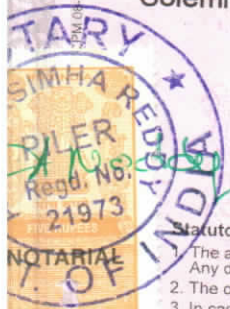
I submit that my husband by name **M.KRISHNAIAH** was died on **15-09-2023** leaving behind him I am the only legal heir to lead his estate. During his life time my husband **M.KRISHNAIAH** has availed a loan of Rs.1,50,000/- (Rupees One Lakh Fifty Thousand Rupees Only) from Shri Ram Finance Limited, Piler Branch. After death of my husband I am the only legal heir and I have no discharge the said Balance of loan amount and I request Shriram Finance Ltd., to authorize to consider my bonafieds and close the loan file. Hence I made this declaration.

This affidavit is required to submit before the Shriram Finance Limited Authorities.

I sworn the above said facts are true and correct to the best of my knowledge information along with Affidavit.

నారాయణమ్మ
DEPONENT

Solemnly affirmed and signed before me at Piler on 08-12-2023.



A. NARASIMHA REDDY, B.Com., B.L.,
ADVOCATE & NOTARY
#4-732/1, Sapthagiri Nagar,
PILER-517 214, Cell-9440589103

0013694847

Statutory Alert:

- The authenticity of this Stamp certificate should be verified on www.andhrastamp.com or using a Stamp Mobile App or Stock Holding.
- Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
- The onus of checking the legitimacy is on the users of the certificate.
- In case of any discrepancy please inform the Competent Authority.

MEDICAL CERTIFICATE OF CAUSE OF DEATH

This is to certify that Sri/Smt. M. KRISHNAIAH Age 57 y/m.
S/o M. NAGAI AH address Gorakampalli,
Kambhamraipalli, Allothanakalva, Koltapalli, Annamaya
Date of admission 15-09-2023 OP/IP No. 30729
Ward MM Unit IV Date of Death 15-09-2023
Cause of Death T₂DM, HTN, CHF & Acute pulmonary oedema.
1- Cardiogenic Shock.
2- Consolidation.

Prab
ASSISTANT PROFESSOR
DEPT. OF GEN. MEDICINE
S.V.R.R.G.G. HOSPITAL
TIRUPATI

Continued in the page no 2

24/02/2024

Date :
Page No : 2

Cheque Bounced Details

Ino	Cheque No	Cheque Dt	Amount	Bounced Dt.	Reason	Doc No	Doc Dt	Mode	Cheque No	Cheque Dt.	Amount	RI	Penalty
4	170155317	05/01/2024	9250.00	08/01/2024	04-Balance Insufficient								
5	175137622	05/02/2024	9250.00	08/02/2024	04-Balance Insufficient								

ODI Calculation

Eff. Dt	Type	Due	Recd	Clbal	Days	ODI Amt
05/10/2023	RI	9250.00	0.00	9250.00	6	55.00
11/10/2023	RI	0.00	9250.00	0.00	0	0.00
05/11/2023	RI	9250.00	0.00	9250.00	1	9.00
06/11/2023	RI	0.00	9250.00	0.00	0	0.00
05/12/2023	RI	9250.00	0.00	9250.00	3	27.00
08/12/2023	RI	0.00	9250.00	0.00	0	0.00
05/01/2024	RI	9250.00	0.00	9250.00	4	36.00
09/01/2024	RI	0.00	9250.00	0.00	0	0.00
05/02/2024	RI	9250.00	0.00	9250.00	2	18.00
07/02/2024	RI	0.00	9250.00	0.00	0	0.00
24/02/2024	RI	0.00	0.00	0.00	0	0.00
Total :		46250.00	46250.00			145.00

Summary

Add	Instalment Due as on	24/02/2024	46250.00
Add	Advance EMI		0.00
Add	Cheque Bouncing Charges		2500.00
Add	Overdue Interest		145.00
Add	Other Expenses		0.00
Add	Seizing Expenses		0.00
Add	Ex-Gratia		0.00
Add	Bank Charges		0.00
Add	Broken Period Interest		2640.63
Add	Prinlpal Outstanding		129529.00
Add	Pre payment charges		6476.45
Add	Total Receivable as on	24/02/2024	187541.08
Less	Advance EMI received		0.00
Less	Instalment received		46250.00
Less	Cheque Bouncing Charges received		0.00
Less	Overdue Interest received		0.00
Less	Other Expenses received		0.00
Less	Seizing Expenses Received		0.00
Less	Ex-Gratia		0.00
Less	Pre Payment Charges Received		0.00
Less	Bank Charges received		0.00

2/24/24, 4:53 PM

Total Received as on 24/02/2024

shricity.shriramcity.me/ShriCity4.5/includes/ViewReport.aspx?statusid=3480993&Print=No

46250.00

141291.08

Balance Due Amount as on

24/02/2024

SCUC1069/2/24/2024 4:52:39 PM

Agno - pilerpl23082/0009

party name = M. Krishnaiah

Loan Amount - 1,50,000/-



Shriram Life Insurance Company Limited
Plot no 31, Ramky Selenium, Financial District, Nanakramguda, Hyderabad
Telangana-500032

Member enrollment cum Declaration Form

Scheme.....

Name of the Life to be Assured, who is the Employee /Loanee/Member of the Organization/Group	M. Krishnaiah		
Date of Birth	01/01/1966		
Date of Joining the Organization	22/08/2023		
Name of the Nominee	M. Narayanamma		
Relationship with the life assured	spouse	Age last birthday	57y
(If the nominee is minor)			
Name of the Appointee			
Relationship with the life assured		Age last birthday	57y

Please Tick (✓) For Either Yes or No - Otherwise The Application Will Be Invalid

1.	Have you ever been diagnosed with or received treatment for any disability or medical condition such as but not limited to high cholesterol, high blood pressure, chest pain, heart attack or any other heart condition; stroke, transient ischemic attack or any other cerebrovascular disease; diabetes or any other endocrinal disease; kidney disease; HIV / AIDS or AIDS related complex; any cancer or tumor; asthma or any other respiratory disease; any mental or nervous disease; hepatitis or any other liver disease; blood disorders; digestive and bowel disorders; paraplegia or any other disorder of the bones, spine or muscle?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2.	Have you within the last 5 years taken any form of medication for more than 7 consecutive days to treat an illness or disease?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.	Have you within the last 5 years consulted any medical practitioner for any condition other than minor impairment such as common cough or cold?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

It is important to be as accurate possible when answering the declaration of good health, as inaccurate information may negatively impact payments at claims stage.

In case the answer is "Yes" to any of the questions full details may be provided in the section below. Shriram Life Insurance Company Limited will consider these details when the decision about extending cover is taken.

I consent to Shriram Life seeking medical information from any doctor in respect of any matter relating to my physical or mental health. I hereby authorize the Nominee/claimant under the proposal/policy and any doctor, hospital or employer to disclose to Shriram Life Insurance Co. Ltd., any information relating to health or employment now or at any time in the future, as and when required for processing any claim.

I hereby declare that, the above information is true to the best of my knowledge and belief and if any information is found to be incorrect then any policy monies payable under the policy shall be subject to Section 45 of Insurance Act, 1938 as amended from time to time.

Witness

Signature

Name:

Place:

Date:

Member

Signature

Name:

Place:

Date:

Declaration for signing in vernacular or for illiterate cases:

- I. Declaration by the person filling in the form (In case form is filled up / signed in a language different from that of the Proposal Form)

"I hereby declare that I have fully explained the above questions to the proposer and I have truthfully recorded the answers given by the proposer."

Name of the Declarant :

Signature:

Address of the Declarant:

"I certify that the contents of the form and documents have been fully explained to me by (Name, Designation, and occupation) Mr. / Mrs.: _____ and I have understood the significance of the proposed contract.

Signature or thumb impression of the person whose life is proposed to be assured:

- II In case the Proposer is illiterate, his/her thumb impression should be attested by a person of standing whose identity can easily be established, but unconnected with the insurance company and this declaration should be made by him.

"I hereby declare that I have fully explained the above questions and contents of the proposal form to the proposer in _____ language, and that the proposer has affixed the thumb impression above after fully understanding the contents thereof."

Name of the Declarant :

Address of the Declarant :

Signature:

In case of lender borrower schemes

Borrower's declaration(for Regulated entities)

I, M. Krishnaiah, being the borrower of loan with loan number PILER PL 2308210009
dated 22/08/2023 worth Rs. 1,50,000/- form _____,
declare that Shriram Life insurance company Ltd, Hyderabad, being the credit life insurer of the above said loan,
can settle the total claim amount that my loan account is eligible towards the financier in case my insured event
with the insurer happens, after receiving the necessary documents that should be supplied by the financier, as I
would be liable to pay an amount equal to the loan outstanding as per the schedule to the financier and to settle
the remaining, if any, to me / my nominee/beneficiary as the case may be.

Place: Piler

Date: 22/08/2023

Yours sincerely



Name & Signature of the borrower

Note: This Borrower's Declaration form is applicable in case the lender borrower scheme is administered by any one the following entities as Master policyholder.

- i) Reserve Bank of India (RBI) regulated scheduled banks (including cooperative banks)
- ii) NBFC's having certificate of Registration from RBI
- iii) NHB regulated Housing Finance Companies

If the Lender-Borrower scheme is not being administered by any one of the above entities as Master Policyholder the entire claim amount will be settled directly in favour of insured member / nominee / beneficiary of the deceased member of the group insurance scheme/policy as the case may be.

Dated:

From

To
The Branch Manager
Shriram Finance Limited (SFL)

Dear Sir,

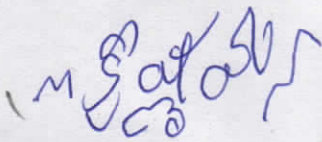
At my request you have extended a personal loan of Rs. 1,50,000/- in my name on M. Krishnaiah vide Agreement No. PILERPL2308210009 repayable together with interest in terms of the loan agreement executed by me. I had also requested for a life insurance policy in my name for a Sum Assured of Rs. 1,50,000/- for a period of months.

On the basis of the above understanding, I hereby authorize you to deduct a sum of Rs. 1,50,000/- /- (Rupees one lakh fifty thousand Rupees only) towards premium payable in favour of SHRIRAM LIFE INSURANCE COMPANY LIMITED (SLIC) from my Loan Amount.

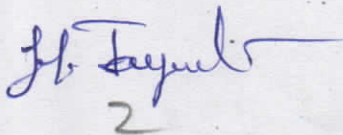
I hereby assign the policy in your favour SFL. Further, should a claim be made against this policy, I hereby authorize you to receive the claim, if admitted by the SLIC. The claim amount, if any, so received from SLIC may please be credited to my Loan Account with you.

Notwithstanding anything contained herein, I understand, my legal heirs are jointly and severally liable along with the guarantors, to discharge the loan to your satisfaction.

Yours faithfully,



Borrower / Policy holder



Vandana Mallalah