

CLAIM FOR INSURANCE BENEFITS : ARMY GROUP INSURANCE SCHEME

1. Rank : _____ Amount Paid _____
2. Name : _____ Cheque No _____
3. Present Army No : _____ Dated _____
- JC No : _____
4. Regt/ Corps : _____
5. Unit last served with address : _____
- _____
- _____
6. Date of :- 7. Period of Membership :-
- (a) Birth : _____ From _____ to _____
- (b) Enrolment : _____ 8. Cause of death : _____
- _____
- (c) Presumed dead : _____ 9. Place of death : _____
- _____
10. Single/ Married/ Widow/ Divorced :
11. Name of widow/ NOK and her/ his address :-
- _____
- House No _____ Village _____
- PO : _____ Tehsil _____
- Dist : _____ State _____
12. Name of Children :-
(Indicate in remarks column children borne from 1st/ 2nd / divorced wife and adopted children as applicable).

Name	Sex	Date of Birth	Remarks

13. Name of Mother : _____ Address _____
14. Name of Father : _____ Address _____
15. Beneficiary(s)/ NOK(s)/Nominee(s) for AGI :
16. Details of Bank Account (Beneficiary) : District _____
State _____
17. Address of DSS & Board : The Secretary Zila Sainik Board (Incise of JCOs/OR)
District _____
18. Certified that :-
- (a) The particulars given above are correct as per records and the claim for insurance benefits have not been submitted previously.
- (b) Individual died while on duty/ leave/ at home/ traveling/ AWL/ OSL and his death has been confirmed by : _____
- (c) The individual was born on the str of the unit on the day of his death.
19. _____ has been asked under Records Office letter No _____ dated _____ to submit an affidavit and indemnity bond as applicable.
20. Nomination made by the deceased before his death is attached.
21. Details of Para **16** is/are not available with the Records. The details are being obtained from the NOK and will be submitted at the earliest.

Station :

(Signature of Concerned Record Officer)

Dated :