

**Life Insurance Corporation (International) B.S.C. (C)**

**BAHRAIN.**

**WITHOUT PREJUDICE**

FORM NO. 3001

**DISCHARGE OF DEATH CLAIM UNDER POLICY NO. ....**

Dated ..... on the life of : .....

I / We Mr / Ms ..... s/o / w/o.....

(father's / husband's name) (beneficiary / assignee etc.)

of the above named life assured, by virtue of the nomination as beneficiary / assignment / legal evidence of title dated ..... do hereby acknowledge receipt from the Life Insurance Corporation (International) EC, Bahrain the sum of US\$.....

in full and final satisfaction and discharge of all my/our claims and demands under the above mentioned Policy on the life of the above mentioned person, who died on ..... and which Policy is hereby delivered upto the said Company to be cancelled :

**Sum assured / Paid – up value** .....  
**Bonus allotted** .....  
**Interim Bonus** .....  
**Additional Cover** .....  
**Accident Benefit** .....

**Gross Claim amount** .....

**Less: Unpaid instalments of premium due in policy year of death ( due from .....to ..... = .....**

**Other deductions :..... = .....**

**Total Amount Deducted = .....**

**Net claim amount** .....

Dated at ..... this ..... day of ..... 20.....

Signed by .....  
in the presence of  
Signature of Witness: .....  
Full name: .....  
Designation : .....  
Address: .....

Signature (s) of the claimant (s) in full

**Note:** This form must be witnessed by any of the following (1) an Advocate, (2) a Bank Manager, (3) a Doctor, (4) a Gazetted Officer, (5) a Magistrate, (6) an Officer of Life Insurance Corporation of India.

**Currency in which payment has to be made: (please tick appropriate box)**

US DOLLAR	BAHRAINI DINAR	SAUDI RIYAL	INDIAN RUPEE	<b>OTHERS (Please Specify):</b> .....
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**Bank Account Details:** Account no: .....

Name & address of Bank:

Where thumb marks are affixed the attesting official must make the following declaration under his signature :

Mr. / Ms ..... son / daughter of Mr.....  
..... and wife / widow of Mr.....  
has affixed his / her thumb marks in my presence after understanding the contents thereof.

Place: ..... Signature: .....  
Date : .....

Note to be completed if payment is required to be made to any other person.

We hereby authorise and request the Life Insurance Corporation ( International) EC to pay the within mentioned amount of..... to Mr. / Ms .....  
at address .....

Signed by the parties within - (1) .....  
Mentioned in the presence of : (2) .....  
Witness : (3) .....  
Signature : ..... (Signatures in full)  
Full name: .....  
Designation .....  
Address : .....

I certify that the contents of this Note of Authority were explained by me to Mr. / Ms ..... and he / she / they have agreed to payment being made to Mr. / Ms..... the authorised party.

.....  
(Signature of the Witness)