

F.No.25-02/2023-LI  
Ministry of Communications  
Department of Posts  
**(Directorate of Postal Life Insurance).**  
**Chanakyapuri P.O. Complex**  
**New Delhi-110021**

Dated: 05.09.2023

**OFFICE MEMORANDUM**

**Sub: Standard Operating Procedure (SOP) for handling of Surrender Claim Cases in PLI/RPLI.**

This is regarding issue of Standard Operating Procedure (SOP) for handling of Surrender Claim Cases of PLI/RPLI.

2. In order to expedite the process of settlement of Surrender Claim Cases, the SOP, containing the detailed procedure, action to be taken by different officers/officials at different stages, formats of Claim Form and other required documents etc, has been prescribed.
3. This SOP is aimed at streamlining the current process of handling of Surrender Claim Cases with uniformity across the country. It will provide clarity on procedures and action to be taken at different levels in case of Surrender Claim Cases and is expected to lead to settlement of these cases in a time bound manner.
4. The SOP is attached herewith for wide circulation among all officers/officials concerned with instructions to follow the same in letter and spirit.
5. Divisions/Regions/Circles are requested to kindly arrange half a day's training on the SOP for the staff working in CPCs, for better understanding and implementation. Further, Circles may also kindly monitor the implementation of the new SOP and training of CPC Staff at WCTCs.

This issues with the approval of the competent authority.

  
(Mrinalini Srivastava)

**Additional General Manager (PLI)**

**All CPMsG**

Copy to: -

1. PSO to Secretary (Posts)/ PPS to Director General Postal Services.
2. PPS/PS to Addl. DG (Co-ordination)/Member (Banking)/Member (O)/Member(P)/ Member (Planning &HRD)/ Member (PLI)/Member (Tech)
3. AS&FA/Sr. Deputy Director General (Vigilance) & CVO/Sr. Deputy Director General (PAF)
4. Director, Rafi Ahmed Kidwai National Postal Academy, Ghaziabad
5. CGM (BD)/CGM (Parcel)/CGM (CEPT)
6. Addl.DG, APS C/o 56 APO
7. All DDsG/GMs/Secretary PSB
8. GM (CEPT), Mysuru, with a request to upload order in India Post Website
9. All Directors, Postal Training Centres/ Director, PLI, Kolkata
10. All Officers/Officials of PLI Directorate

## **Standard Operating Procedure (SOP) for Handling of “SURRENDER” requests in PLI/RPLI Policies**

### **Background**

When a policyholder wants to surrender a policy, it is the duty of the Counter Staff at the Post Office and Agents to familiarize the policyholder about the important aspects to be kept in mind before processing a Surrender Request.

The key points are as under: -

- **“Surrender Value”** of a PLI/RPLI policy means the amount that is payable to an insured, when he/she foregoes the contingent benefit of his/her policy and surrenders it for an immediate cash payment, provided at least 36 premiums have been paid and the policy has completed a minimum duration of 36 months. The surrender value depends on various factors such as the type of policy, its term, premium paid, age at entry, age at surrender, applicable Surrender Factor etc.
- **Policies that can be surrendered:**
  - (i) Whole Life Assurance (Suraksha and Gram Suraksha),
  - (ii) Endowment Assurance (Santosh and Gram Santosh),
  - (iii) Convertible Whole Life Assurance (Suvidha and Gram Suvidha) and
  - (iv) PLI Joint Life Assurance (Yugal Suraksha).
- **Policies that cannot be surrendered:**
  - (i) Anticipated Endowment Assurance (Sumangal and Gram Sumangal),
  - (ii) 10-year RPLI Anticipated Endowment Assurance (Gram Priya) and
  - (iii) Children Policy (Bal Jeevan Bima and Gram Bal Jeevan Bima).

### **Other Conditions**

- A policy can be surrendered only if the duration of the policy is not less than 3 years, and it is in force till the end of the month in which the application for surrender is received.
- No bonus is payable for a policy surrendered before the expiry of 5 years from the date of acceptance of the policy. However, proportionate bonus shall be paid on paid-up value after completion of 5 years i.e., if a policy remains in force for at least 5 years.
- Only a policy in force (active policy, not lapsed) can be surrendered.

### **1. Determination of Surrender Value of a policy: -**

- 1.1 The surrender quote for a PLI/RPLI policy can be generated through the system in any Departmental Post Offices (SO/HO/PLI-CPC) through the following option: Home screen of McCamish>Quote>Surrender Quote

- 1.2 If a policyholder wants to ascertain the surrender value through a Branch Post Office, then the BPM concerned may get the surrender quote generated through its Account Office or any SO or HO and handover the same to the policyholder.
- 1.3 It is further informed that Surrender value is calculated on reduced sum assured/paid up value.  $\text{Paid up value} = \text{No of premium paid} / \text{total number of premium payable} \times \text{sum assured}$ . Surrender Value is equal to Surrender Factor x (paid up value+ proportionate bonus)
- 1.4 **For “Policy in force”:** - Surrender Value of a policy which is active, ie not lapsed can be ascertained by a policyholder through any Departmental Post Office (HO/SO). The Post Office shall hand over the Surrender Quote to the policyholder, which provides the calculated value as prescribed in the rules.
- 1.5 **For “Lapsed Policies”:** - PLI/RPLI policy in lapsed status cannot be surrendered.

## **2. Manner of submission of Surrender Application/Claim Form: -**

- 2.1 The policyholder shall submit a Surrender Application/Claim Form in prescribed format (Annexure-I) which includes the Consent Form and required supporting documents (Annexures-II and III may be referred), at any Post Office counter or PLI CPC of HO. The Consent Form shall clearly specify that the Surrender Value as mentioned in the Surrender Quote, is acceptable to the policyholder, and that once the Surrender Value is paid, the policy cannot be restored.

### **In case policyholder is Medically Unfit**

- 2.2 In case a policyholder is unable to visit the Post Office, being medically unfit or outside India, for submission of Surrender Application/Claim Form (Annexure-I), he/she may authorize any person as a messenger for submission of the Surrender Application along with the necessary documents. Only an adult, literate person of sound mind, who is not an insolvent, can be appointed as a messenger.
- 2.3 In case of being medically unfit to visit the Post Office, a self-attested medical certificate from a government hospital or government-accredited hospital to this effect needs to be submitted.

### **In case policyholder is Abroad**

- 2.4 In case policyholder is out of India, policyholder needs to submit a self-attested copy of passport clearly showing the date of departure from India through an authorized messenger along with other prescribed documents.

## **3. Action on Surrender Application at Receiving Office.**

- 3.1 The policyholder will submit the following at any PO counter or CPC of HO:
  - (i) Surrender Application/Claim Form in prescribed format (Annexure-I),
  - (ii) All the required documents as detailed in point 3.5, and

(iii) Consent Form (as mentioned in Para 2.1 above) to the effect that he/she agrees to accept and receive the Surrender Value reflected in the Surrender Quote and understands that once a policy is approved for surrender or is surrendered, it cannot be restored.

3.2 The BPM/SPM/Postmaster (HSG-I/HSG-II)/Sr. Postmaster (Gr B) of HO/Dy. Chief Postmaster (Gr B)/AD (Gr B) of HO/GPO headed by Director or equivalent, or In-charge of CPC of the office concerned, where the Surrender Application/Claim Form is submitted, shall scrutinize the application to ensure that the requisite details are duly filled in and the relevant documents are attached. If required, the official concerned shall help the policyholder in filling up the application form correctly by guiding and explaining the requirements.

### **Documents to be Submitted.**

3.3 All the ORIGINAL documents are required to be produced while submitting the Surrender Application/Claim Form. The same will be returned to the policyholder after they are compared with the copies thereof being submitted along with the Surrender Claim Form. However, the Policy Bond or Letter of Indemnity (Annexure-II) [to be submitted in the absence of original documents] shall be submitted in original along with the Claim Form and shall be retained by the receiving office.

3.4 Document of Credit or Premium Receipt Book, if applicable, would also be retained in original by the receiving office.

3.5 The following documents are required to be submitted along with the Surrender Claim Form:

<b>Sl.</b>	<b>List of Documents</b>	<b>Cash Policy</b>	<b>Pay Policies</b>
1	Surrender Claim Form (format at Annexure-I)	Yes	Yes
2	Consent of the policyholder to the effect of that the policyholder is agreed upon receiving the calculated surrender value	Yes	Yes
3	Original Policy Bond/Duplicate Policy Bond or Letter of Indemnity* (Format at Annexure- II)	Yes	Yes
4	Self-Attested copy of ID and Address proof of the Policyholder (list of Documents acceptable as ID and Address proof is given in Annexure-III)	Yes	Yes
5	Cancelled Cheque for Bank mandate or Self Attested copy of POSB passbook	Yes	Yes
6	Self-Attested Document of Credit, if any**	No	Yes
7	Premium Receipt Book ***	Yes	No
8	Loan Receipt Book#	Yes	Yes

\* Letter of Indemnity, if any, must be Notarised from a Public Notary on non-judicial stamp paper of value as prescribed in the State concerned.

\*\* In case premium payment is not updated in Pay Policies, a certificate from the Employer about deduction of premia (DOC) and details/copy of pay recovery schedules shall be sent to the Department.

\*\*\* In case premium payment is not updated in Cash Policies, Premium Receipt Book is mandatory for updation in CIS System of premia paid by Policyholder.

# In case loan amount is shown outstanding in the Intimation Letter, whether it has been repaid partially or in full.

3.6 Wherever a self-attested copy of a document is submitted, the official accepting the same will compare it with the ORIGINALS and put his/her signature in token of having verified the copies with their originals.

3.7 The Office concerned will give an Acknowledgement (Part of Annexure-I) to the policyholder for receipt of the Claim Form.

3.8 **Action at Branch Post Office (BO)**- In case the Surrender Claim Form is received at BO, the BPM shall forward the Claim Form along with all the enclosures to its Account Office through Account Bag on the same day duly entered in their Daily Account/Daily Transaction Report (DTR) after Indexing it in the RICT device, if possible.

3.8 **Action at Sub Post Office (SO)**- The Surrender Application/Claim Form and enclosures may be received at SO either directly or through BO. In both cases, Indexing of the Claim Form shall be done at the SO itself (in cases Indexing has not already been done at BO for Claim Form received at BO). After Indexing, the Claim Form shall be sent to the HO (CPC) concerned (with which the office is mapped) on the same day through Account Bag duly entered in their Daily Account/Daily Transaction Report (DTR).

3.9 **Action at HO (CPC)** - The Surrender Application/Claim Form along with required documents may be received at CPC either directly or through SO/BO. Claim Form shall be indexed before further processing (if indexing has not already been done at SO/BO for Claim Form received at SO/BO).

#### **4. Processing of Surrender Claim Form - Action at CPC on receipt of Claim Form**

4.1 All documents received shall be marked in the Checklist (Annexure-V) by the CPC in-charge. In case any required document is found not submitted, a written communication (Annexure-IV) will be sent immediately by the CPC through Registered AD to the Policyholder requesting to submit the requisite document(s) within 15 days.



- 4.2 Once the document(s) is/are received, the Post Office (BO/SO/HO) will forward the same to the concerned CPC in the same way as the previous documents were sent. However, no indexing would be required in this case, as the same has already been indexed. It is to be ensured that Service Request Number is mentioned on each of the documents submitted.
- 4.3 In case of non-receipt of requisite document(s) within 15 days, a reminder (Annexure VI) shall be sent to the Policyholder through Registered AD intimating that the case cannot be processed further if required document(s) are not submitted.
- 4.4 The CPC shall check to ensure that entries of all the documents are made correctly while Indexing, Scanning and Data Entry of the Surrender Claim Form along with all the enclosed documents.
- 4.5 Once the Surrender Application/Claim Form is found to be complete in all respects including receipt of required documents, the CPC In-charge shall take time-bound action to ensure timely payment of Surrender Claim.

**5. Action at CPC by Approver/Approving Authority on receipt of Surrender Application: -**

- 5.1 **If sum assured of the policy is upto or equal to Rs. 20 lakhs:** The Approver/Approving Authority shall be the Postmaster (HSG-I/HSG-II)/Sr. Postmaster (Gr B) of HO/Dy. Chief Postmaster (Gr B)/AD (Gr B) of HO/GPO headed by Director or equivalent of the Post Office in which the concerned CPC is functioning.
- 5.2 **If sum assured of the policy is greater than Rs. 20 lakhs and upto or equal to Rs. 50 lakhs:** The Approver/Approving Authority shall be Head of Division (Gr B /Gr A)/ Chief Postmaster (Gr A)/ Dy. Director (Gr A) of HO/GPO headed by a Director.
- 5.3 The Approver/Approving Authority shall go through the Surrender Application and shall approve/reject the case after examining the relevant documents by making appropriate remarks on the checklist (Annexure-V). A copy of the checklist is to be retained in the office of the Approving Authority. The physical documents received should go to the Approver/Approving Authority for scrutiny. However, approval/rejection shall be done in the system only.
- 5.4 In case of rejection, the reasons for rejection shall be stated in writing by the Approver/Approving Authority.
- 5.5 The concerned Approver/Approving Authority should ensure that the checklist is returned to the CPC duly signed along with his/her name, designation and date of on the checklist, after approval/rejection of the Surrender Application for further processing.

**6. Action at CPC on receipt of Approval/Rejection of the Surrender Claim from Approver/Approving Authority:**

**6.1 In case of Approval:**

- Sanction Letter shall be generated on the date of approval of request, as the case may be.
- A copy of the Sanction Letter shall be sent to Postmaster (HSG-I/HSG-II)/ Sr. Postmaster (Gr B) of HO/ Dy. Chief Postmaster (Gr B)/ AD (Gr B) of HO/GPO headed by Director or equivalent, for crediting the sanctioned amount into the account of the policyholder, as per details submitted by him/her in the Claim Form. One copy of the Sanction Letter shall be sent to the Policyholder through Registered AD.
- In case account details were not given by the Policyholder or any technical problem arises due to incomplete/wrong information about the account, a Crossed Cheque shall be drawn by the Head of HO [Postmaster (HSG-I/HSG-II)/ Sr. Postmaster (Gr B) of HO/ Dy. Chief Postmaster (Gr B)/ AD (Gr B) of HO/GPO headed by Director or equivalent] within a day of receipt of Sanction Letter. The Crossed Cheque along with one copy of the Sanction Letter shall be sent to the Policyholder through Registered AD on the same day.

**6.2 In case of Rejection:**

- If a Surrender Claim is rejected, CPC shall send Rejection Letter (generated through CIS system) to the policyholder through Registered AD by the next working day, giving him/her the reasons for rejection.

\*\*\*\*\*

**CLAIM FORM FOR SURRENDER OF PLI/RPLI POLICY**

(Please fill in BLOCK letters)

<b>Service Request No. :</b> <b>(For Official only)</b>			
1	<b>Policy Details :</b>		
i	Policy Type:	ii	Policy No. :
iii	Name of Insurant :	iv	Sum Assured :
v	Date of Acceptance : (dd/mm/yyyy)	vi	Frequency of Premium Payment (Monthly/Quarterly/Half Yearly/Annual etc):
vii	Date of Survival Benefit Due :Date of Maturity : (dd/mm/yyyy) OR (dd/mm/yyyy) (AEA Policy)		
viii	Loan taken against policy : <input type="checkbox"/> Yes <input type="checkbox"/> No		
2.	If yes, Loan Sanction Amount :	Date of last Installment of Loan Repayment : (dd/mm/yyyy)	
	Outstanding Loan Amount :		
3.	<b>Reasons/Circumstances for surrendering policy</b> .....		
4.	<b>Communication Address :</b>		
	Address :		
	District :	State :	
	PIN Code :	Contact Phone Number :	
	Aadhaar Number :	e-Mail ID :	
5.	<b>Name of Spouse (in case of Yugal Suraksha Policy):</b>		
6.	<b>Office Address of DDO (For Pay Recovery Policy only)</b>		
	Name & Designation of DDO:		Name of Organization:
	Office Address:		District & State :
	PIN Code :		Phone no & email id:
7.	<b>Account Details (for payment through NEFT/POSB)</b>		
	<b>Bank Account Details</b>	OR	<b>Post Office Saving Bank Account Details</b>
	Account Number:		Account Number:
	Account Type:		Name of Account Holder



Name of Account Holder:	Post Office Name:
Name of Bank:	CBS Post Office (Y/N):
Address or Branch Name:	Pin Code/SOL ID
IFSC code:	First page of Passbook Enclosed (Y/N)
Cancelled Cheque of above Bank Account:	Cancelled Cheque No. .... is enclosed

**Documents Enclosed:  
Applicable)**

**Yes/No/ NA (Not**

1. Original Policy Bond or Letter of Indemnity
  2. Consent of the insurant on system generated surrender quote
  3. Self-Attested copy of ID proof of the Insurant
  4. Self-Attested copy of address proof of the Insurant
  5. Documents of Credit /Premium Receipt Book (D.O.C. if Pay policy or Premium Receipt Book if Cash Policy and all the paid premium not updated on McCamish Software)
  6. Loan Receipt Book (if outstanding loan amount as mentioned in Intimation letter and Loan Receipt book differs)
  7. Cancelled Cheque of Insurant Bank Account for Bank Mandate or self-attested copy of POSB passbook
  8. Self-Attested Copy of ID proof of Messenger (if messenger appointed by Insurant for submission of Surrender claim form)
  9. Self-Attested Copy of Address proof of Messenger (if messenger appointed by Insurant for submission of Surrender claim form)
  10. Self-Attested medical certificate of insurant from Govt. Hospital/Govt. accredited hospital
- Or
- Self-attested copy of passport clearly showing visa details and date of departure from India Incase messenger is appointed.
11. Any other document(s), pls specify .....

Date: \_\_\_\_\_

**CONSENT FOR SURRENDER OF PLI/RPLI POLICY**

I hereby declare that I ..... (Name of insurant), accept in full, the admissible Surrender Value of my Policy No....., as communicated to me by the Post Office in the Surrender Quote and agree to take payment of the same. I also understand that once the Surrender request is approved or surrender value is paid to me, my policy cannot be restored.

Signature/Thumbprint of Insurant

**APPOINTMENT OF MESSENGER**

(Required only if Surrender Claim form is being submitted through Messenger)

I hereby declare that I ..... (insurant name), am unable to visit post office, being medically unfit or outside India, for submission of Surrender claim form. I hereby appoint Shri/Smt./Ms. .... (Name of messenger), whose signature is given below, as a messenger for submission of my surrender claim form along with necessary documents.

Signature of Messenger .....

Name of Messenger .....

Signature/Thumbprint of Insurant

In case Insurant is illiterate, there should be two literate witnesses-

Witness	Name & Address	Signature
Witness 1		
Witness 2		

**For Official Use**

**Certified that I have checked all the documents enclosed and compared with the original documents produced by the Insurant/messenger and verified the averments made in the Surrender claim form based on these documents and found no discrepancies.**

**Date: -**

**Signature of BPM/SPM/PM/ CPC in-Charge  
Name:  
Designation:  
Office Stamp:**

**Acknowledgement Slip**

**(To be filled by BPM/SPM/Postmaster/CPC in-charge and Handed Over to Insurant)**

Surrender Claim form for Policy No. \_\_\_\_\_ with Service Request No. \_\_\_\_\_ received on \_\_\_\_\_ along with following documents:

**Documents Enclosed:**

**Yes/No/ NA(Not**

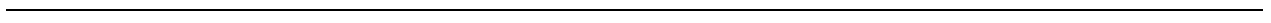
**Applicable)**

- |  |                          |
|--|--------------------------|
| 1. Original Policy Bond or Letter of Indemnity   | <input type="checkbox"/> |
| 2. Consent of the insurant on system generated surrender quote                                       | <input type="checkbox"/> |
| 2. Self-Attested copy of ID proof of the Insurant  | <input type="checkbox"/> |
| 3. Self-Attested copy of address proof of the Insurant   | <input type="checkbox"/> |
| 4. Document(s) of Credit or Premium Receipt Book   | <input type="checkbox"/> |
| 5. Loan Receipt Book   | <input type="checkbox"/> |
| 6. Cancelled Cheque of Insurant Bank Account for Bank Mandate or self-attested copy of POSB passbook | <input type="checkbox"/> |

- 7. Self-Attested Copy of ID proof of Messenger
- 8. Self-Attested Copy of Address proof of Messenger
- 9. Self-Attested medical certificate of insurant from Govt. Hospital/Govt accredited hospital  
Or   
self-attested copy of passport clearly showing visa details and date of departure from India.
- 10. Any other document(s), pls specify  
.....

**Date: -**  
**Charge**

**Signature of BPM/SPM/PM/ CPC in-**  
**Name:**  
**Designation:**  
**Office Stamp:**



**LETTER OF INDEMNITY****(To be executed by the Insurant in absence of Original Policy document)**

I..... held myself and my family bound to the Department of Posts (hereinafter called India Post), in the sum of ..... (sum assured of the policy) of lawful money to be paid on demand or without demand to India Post, its attorneys, successors or assignees for which I bind myself, my executors, administrators, successors, and representatives, firmly by this declaration.

Whereas on the ..... day of ..... I, Sh./Smt./Ms..... (the policy holder), purchased from India Post, a PLI/RPLI Policy Numbered.....of the sum assured Rs..... bearing a premium of Rs.....per.....(month/quarter/half year/year) payable up to the ..... (month & year) and I have applied to India Post for the settlement of my Surrender claim and payment of money in respect of the said policy AND Whereas the policy has been lost/untraceable and is not forth-coming AND Whereas I have not produced the said policy issued to ..... (name of the Insurant) by India Post AND Whereas I declare that the said policy has not been assigned or transferred to anybody or disposed of in any other way with such consideration as here under is written.

I hereby undertake to refund all the money with interest to India Post in case of wrong information furnished above leading to unjust payment to me.

Provided further that the liability of sureties hereunder shall not be impaired or discharged by reason of time being granted or any forbearance act or omission of India Post or any person authorised by them (whether with or without the consent or knowledge of the sureties) nor shall be necessary for India Post to sue me (Claimant) before suing the sureties for amounts due hereunder.

Signature/Thumb Impression of the Insurant	
Name	
Complete Address	
Mob & email Id	

Signed sealed and delivered by the above

<b>Witness</b>	<b>Name, Address and contact details</b>	<b>Signature</b>
Witness 1		
Witness 2		

<b>Sureties</b>	<b>Name, Address and contact details</b>	<b>Signature</b>
Surety 1		
Surety 2		

Signed sealed and delivered by the above

<b>Witness for Sureties</b>	<b>Name, Address and contact details</b>	<b>Signature</b>
Witness 1		
Witness 2		

**Note:** Self Attested copy of ID proof and Address proof of all Sureties and Witnesses are to be enclosed with this Letter of Indemnity.

**Annex – III****List of Documents required as ID and Address proof**

<b>For Proof of Identity</b>	<b>For Proof of Address</b>
Aadhaar Card	Aadhaar Card
Passport	Passport
Driving License	Driving License
Election Commission Voter ID Card	Election Commission ID Card
Ration Card with Photo, for the person whose photo is affixed	Ration Card with address
CGHS/ECHS Card	Photo Identity Card having address (of Central Govt./PSU or State Govt./PSU only)
Certificate of address having Photo issued by MP/MLA/Group-A Gazetted Officer on letter head	Certificate of address having Photo issued by MP/MLA/Group-A Gazetted Officer in letterhead
Certificate of address with photo from Govt. recognized educational institutions (for students only)	Certificate of address with photo from Govt. recognized educational institutions (for students only)
Certificate of photo identity issued by Village Panchayat head or its equivalent authority (for rural areas)	Certificate of address issued by Village Panchayat head or its equivalent authority (for rural areas)
Income Tax PAN Card	Water Bill (not older than last three months)
Caste and Domicile Certificate with photo issued by State Govt.	Telephone Bill/mobile post paid bill (not older than last three months)
MGNREGA card issued by Govt.	Electricity Bill (not older than last three months)
Smart card (with photo) issued by CSD, Defence/ Paramilitary	Income Tax Assessment Order
Current passbook of Post Office/any scheduled bank having photo	Vehicle Registration Certificate
Photo Identity Card (of Central Govt./PSU or State Govt./PSU only)	MGNREGA card issued by Govt.
Photo Identity Card issued by Govt. recognized educational institutions (for students only)	Current Passbook of Post Office/any Schedule Bank
Pensioner Card having photo	Caste and Domicile Certificate with address and photo issued by State Govt.
Kissan Passbook having photo	Pensioner's Card with address
	Credit Card Statement (not older than last three months)
	Kissan Passbook with address



(Format for Communication to Insurant in case any document is not submitted or required)

To

Shri/Smt./Ms.....  
.....  
.....  
..... Pincode.....

Dear Sir/Madam,

Surrender Claim for Policy No. \_\_\_\_\_ submitted by you on \_\_\_\_\_ with Service request no. \_\_\_\_\_ was scrutinized and it is observed that the following document(s) is/are wanting. In order to enable us to process your claim case further, you are requested to submit the requisite following documents within 15 (fifteen) days of receipt of this letter to your nearest Post Office, along with original document(s).

(Tick whichever document is required to be submitted)

- 1. Original Policy Bond or Letter of Indemnity
  - 2. Consent of the insurant on system generated surrender quote
  - 3. Self Attested copy of ID proof of the Insurant
  - 3. Self Attested copy of address proof of the Insurant
  - 4. Documents of Credit /Premium Receipt Book (D.O.C. if Pay policy or Premium Receipt Book if Cash Policy and all the paid premium not updated on McCamish Software)
  - 5. Loan Receipt Book (in case Loan repayment is made in addition to details given above)
  - 6. Cancelled Cheque of Insurant Bank Account for Bank Mandate
  - 7. Self-Attested Copy of ID proof of Messenger (if messenger appointed by Insurant for submission of Surrender claim form)
  - 8. Self-Attested Copy of Address proof of Messenger (if messenger appointed by Insurant for submission of Surrender form)
  - 9. Self-Attested medical certificate of insurant from Govt. Hospital/ Govt. accredited hospital
- Or
- Self-attested copy of passport clearly showing visa details and date of departure from India
- for Appointing a messenger

10. Any other document(s), pls specify

.....

**Date:-**

**Signature of CPC in-Charge**

**Name :**

**Designation:**

**Office Stamp:**

**Annex- V**

**Check List for Quality Checking**

(To be filled by CPC in-charge)



Surrender Claim Form for Policy No. \_\_\_\_\_ received on \_\_\_\_\_ with Service Request No. \_\_\_\_\_. The following documents are received enclosed with the Claim Form:

**Documents Received: (Applicable)**

**Yes/No/NA (Not)**

- 1. Surrender Claim Application Form
- 2. Consent of the insurant on system generated surrender quote
- 2. Original Policy Bond or Letter of Indemnity (Format at Annex II)
- 3. Self-Attested copy of ID proof of the Insurant
- 4. Self-Attested copy of address proof of the Insurant
- 5. Documents of Credit /Premium Receipt Book (D.O.C. if Pay policy or Premium Receipt Book if Cash Policy and all the paid premium not updated on McCamish Software)
- 6. Loan Receipt Book (in case Loan repayment is made in addition to details given in Intimation Letter)
- 7. Cancelled Cheque of Insurant Bank Account for Bank Mandate
- 8. Self-Attested Copy of ID proof of Messenger (if messenger appointed by Insurant for submission of Surrender Claim form)
- 9. Self-Attested Copy of Address proof of Messenger (if messenger appointed by Insurant for submission of Surrender claim form)
- 10. Self-Attested medical certificate of insurant from Govt. Hospital/ Govt. accredited hospital
- Or
- self-attested copy of passport clearly showing visa details and date of departure from India
- for Appointing a messenger
- 11. Any other document(s), pls specify

.....

CALCULATION	Amount in Rs.
Face Value	
Surrender Value Including Bonus	
Balance of Outstanding Amount on the Previous Loan	
Principal O/S	
Interest O/S	
Loan Account No (if any)-	
Arrear Premium Including Interest(-)	
Excess/Short	
<b>NET AMOUNT PAYABLE</b>	

The Surrender Claim of Net Payable Amount Rs ..... (in Words  
.....) is complete in all inputs and is in order/ claim is not in order due to  
.....

**Date:-**

**Signature of CPC in-Charge**

**Name :**

**Designation:**

**Approved / Rejected**.....

**Reasons for rejection (if rejected)**.....

**Signature of Approver**

**Name :**

**Designation:**

**Office Stamp:**

**Date:**

**DEPARTMENT OF POSTS  
POSTAL LIFE INSURANCE**

(Reminder to Insurant in case Surrender Claim Form/ related document(s) is not submitted)  
(Name & Address of CPC)

To

Shri/Smt./Ms.....  
.....  
.....  
..... Pin code.....

Dear Sir/Madam,

This is with reference to Surrender Claim for your PLI/RPLI Policy no. .... Surrendered on  
..... Our letter dated ..... may kindly be referred to in this regard wherein you were requested to submit  
Surrender Claim Form or additional document(s) (strike off whichever not applicable).

2. This is to inform that we will not be able to process your case further for payment of Surrender claim till the required  
document(s) is submitted by you at any of the nearest Post Office.

**Date: -**

**Signature of CPC in-Charge**  
**Name:**  
**Designation:**  
**Office Stamp:**  
**Contact number and email id:**

Thank you for choosing Postal Life Insurance for your life insurance needs. If you have any queries pertaining to your life  
insurance coverage, please contact your Agent or nearest Post Office or our customer service center at 1-800-266-6868.