

Credit Account Statement

Sr. No.	Particulars	Details
1	Name of the Group Master Policy Holder	
2	Master Policy Number	
3	Name of the insured Member	
4	Date of Commencement of Risk	
5	Sum Assured for which the member of the group Insurance Policy was Insured (INR)	
6	Loan Account Number	
7	Original amount of loan (INR)	
8	Particulars of the recoveries made by the Master Policy Holder	
9	Date of Death of the Insured Member	
10	Outstanding loan Balance as on the date of death (INR)	
11	Balance claim amount (Difference between the sum assured and outstanding loan balance) payable to the insured on the happening of the other contingent event or to the nominee / beneficiary of the deceased member in case of death (INR)	
12	Name of Nominee / Beneficiary	
13	Nominee / Beneficiary A/c No.	

It is hereby declared that the Insured Member/Nominee/Beneficiary are the same person who has been registered by Master policyholder under the Group Master Policy

It is hereby declared that the information submitted above is true, correct and verified for accuracy as derived from the records of _____ (Name of Bank).

We understand that, in absence of the authorization from the life assured/ member to pay the outstanding loan amount to Master Policy Holder, benefits will be paid to the nominee/ beneficiary.

Thanking you

Authorized Signatory

Signature: _____

Name: _____

Designation: _____

For _____ (Name of Bank/ Master policy Holder)

Seal