**Consent for Release of Claim**

(To Single Legal Heir)

Affidavit regarding legal heirs of Late \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of the Deceased) S / O \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Father’s Name), to be produced to National Insurance Company Limited, by WE ((being the claimants of the Group Personal Accident Insurance claim amount):

Name with relationship with the deceased, Age and Occupation of the legal heirs

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr.  No. | Name of Legal Heir | Relationship with  Deceased | Age  (Years) | Occupation |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

All residing at:

(Full address), do hereby solemnly affirm and declare as under:

1. That the above persons are the only legal heirs of Late \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of the Deceased), who was permanently residing at and who expired on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date of Death) in an accident dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date of Accident).
2. We understand that relying on this affidavit, National Insurance Company Ltd. has agreed to process the Group Personal Accident insurance claim application made by us in respect of the accidental death of Late

(Name of the Deceased).

1. We do hereby state and declare that we are the only legal heirs of Late

(Name of the Deceased) S/O. (Father’s Name) entitled to receive the health insurance claim amount.

1. We have no objection to hand over the said amount of Rs. /- related to the insurance claim to one of us (Name of the Nominee).

Solemnly affirmed at (Place) on this day of Year .

Witness

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature)