



CRM Department, Central Office.
3rd Floor (West Wing), "Yogakshema",
Jeevan Bima Marg, P.O.Box No.19953,
Mumbai – 400 021.
Tel : 66598353, Fax : 22825829
E-mail : co_crm@licindia.com

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To,
All Zonal Managers,
All Sr./Divisional Managers,
M.D.C., Audit and Inspection.

RE: Death Claim settlement process
(2-3 years duration cases)

It is our practice to treat the death claims reported during two to three years of policy duration as Early claims for the purpose of claim settlement though strictly speaking, as per the definition, they do not fall in the category of Early Claims. Due to this practice, number of times the claim settlement process gets delayed.

With a view to expedite death claim settlement as well as to avoid inconvenience to our customers, it has been decided that the cases where the Actual or Rated up Sum assured is up to 60,000/-, the Non Early Death claim procedure is to be followed even though the death claim arises between 2-3 years of policy duration. However in respect of High Risk Plans and Term riders this rule does not apply. (High Risk Plans are those as defined in the Underwriting Manual.) It means in such cases, the claim will be settled only on the strength of Claim Form- A and no other claim forms or investigation is required.

Further where the SA/ Rated SA exceeds 60,000/- then the various claim forms (which are called in Early claims) need to be called for and after scrutiny of the information available, it has to be decided by the Branch office whether investigation is required or not to ascertain genuineness of the claim. The authority to pass such claim payments (As per revised FPSO) would depend on whether investigation is called for or not.

Divisional Offices are required to train the Branch officials on the issue of scrutiny of various Claim Forms so that they acquire the expertise that is required to decide the need for calling investigation reports in Death claim cases of 2-3 years duration.

You are requested to inform all offices under your jurisdiction accordingly.


Executive Director (CRM)