

INSTRUCTIONS FOR THE NOMINEE OF NGIF

1. Please forward this insurance certificate along with documents immediately on the death of the individual to the Secretary, Naval Group Insurance Fund, Directorate of Non Public Funds, IHQ MoD (N), Talkatora Annex Building , Ground Floor, Talkatora Indoor Stadium, New Delhi - 110 001. {Email :- dn timer [at] navy [dot] gov [in] }
 - (i) Original / attested copy of Death Certificate issued by Municipal Authority / Registrar of Births and Deaths.
 - (ii) Certificate issued in regional languages must be translated in English / Hindi and duly attested by Gazetted Officer.
 - (iii) Affidavit duly attested by Notary Public (Specimen copy of Affidavit enclosed in original Nominee(s) is required to sign on two places as deponent.
 - (iv) In case of accidental / Unnatural death, attested copy of First Information Report (FIR) lodged with the police and copy of post - mortem report.
 - (v) Enclosed Pre - receipt duly filled up and signed by the nominee and countersigned by 1st class Magistrate / Gazetted Officer / Secretary , Zila Sainik Board with Rank , Designation and Seal.
2. Nominee is authorised to sign the covering letter.
3. Insurance cover lapses on completion of cover period. It is not renewable.
4. Premium is non - refundable on completion of cover period.
5. In case of any change in the name of nominee(s) , a fresh PRDIES application along with original PRDIES certificate is required to be submitted to The Secretary , Naval Group Insurance Fund, Directorate of Non Public Funds, IHQ MoD(N), Talkatora Annex building, Ground Floor, Talkatora Indoor Stadium, New Delhi - 110 001. Email :- dn timer [at] navy [dot] gov [dot] in (for **Commissioned Officers**) and The Logistics Officer - in - Charge, Naval Pension Office, C/o INS Tanaji, Sion Trombay Road, Mankhurd, Mumbai - 400088 (for **sailors**) and navpen-navy[at]nic[dot]in for sailors.}

ANNEXURE III

**DRAFT LETTER FOR POST RETIREMENT DEATH INSURANCE EXTENSION SCHEME
POLICY FROM NAVAL GROUP INSURANCE FUND**

From

Name
Address
Mobile No.
Email ID
Date

To,

The Secretary
Naval Group Insurance Fund,
Directorate of Non Public Fund
IHQ MoD(N), Talkatora Annexure Building
Ground Floor, New Delhi - 110001
{ Email :- dnpf[at]navy[dot]gov[dot]in }

Sir/Madam,

1. I regret to inform that my husband/ wife/ father/ mother No. _____ Rank
_____ Name _____ expired on _____ due to
_____ at _____ (Place of death).

2. I enclose the following documents:-

- (a) Post Retirement Death Insurance Extension Scheme Certificate.
- (b) Death Certificate
- (c) Affidavit on non judicial stamp paper of appropriate value, duly attested by a 1st Class Magistrate.
- (d) Pre-receipt form duly completed/ signed by the Nominee.

2. It is requested that insurance amount due to me may please be remitted to my bankers _____ (Name and full address of bank) for credit to my account number _____ IFSC Code _____ (Please Enclose Cancelled Cheque)

Your faithfully,

Signature of _____
Nominee
Name in
block letters

One copy of recent photograph of nominee to be pasted on Affidavit and attested by 1st Class magistrate

AFFIDAVIT

I _____ wife/ husband/ mother/ father of late _____ do hereby take oath and state as under.

1. That _____ (Name of the late Officer/ Sailor) who was a member of Naval Post Retirement Death Insurance Extension Scheme 1982 expired on _____ due to _____ (show cause).
2. That late Officer/Sailor was my _____ (Relationship) and has nominated me as a nominee to receive the insurance benefits if and when the claim arose.
3. That I am the same person as nominated by the late Officer/ Sailor indicated in the insurance certificate.

DEPONENT

VERIFICATION

I, the above name deponent do hereby verify that the contents of the above affidavit are true to my knowledge.

Verified by _____ on the _____ day of _____

1st Class Magistrate

TO BE SIGNED OVER ONE
RS 1/- REVENUE STAMP

PRE - RECEIPT

Received from Secretary , Naval Group Insurance Fund, DNPf, IHQ MoD(N), Talkatora Annex building, Ground floor, Talkatora Indoor Stadium, New Delhi - 110001 a sum of Rs. _____ (Rupees _____ only) being the death benefits admissible to me under Post Retirement Death Insurance Extension Scheme - 82 consequent, upon the death of my husband _____ on _____.

2. I hereby certify that I have not received any payment from Naval Group Insurance Fund on account of above earlier.

3. It is requested that the amount of Rs. _____ credited to my bankers as follows:

Account No _____
IFSC Code _____
Banker's Address _____
Pin _____
Contact No. _____

Full Postal Address:

	Signatures	

Signatures of _____ attested.

(Signature of Judicial / Gazetted Officer / Secretary , Zilla Sainik Board
with Name Designation and Official Seal / Rubber Stamp)