**Annexure A Credit Account Statement**

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| --- | --- | --- |
| 1  | Name of the Group Master Policyholder    |   |
| 2  | Group Master Policy Number    |   |
| 3  | Name of Insured Member    |   |
| 4  | Date of Commencement of Risk    |   |
| 5  | Sum Assured for the Insured Member    |   |
| 6  | Original Loan Amount (in Rs.)    |   |
| 7  | Particulars of recoveries made by Master Policyholder towards the loan (in Rs.)    |   |
| 8  | Outstanding loan balance as on date of death of Insured Member (in Rs.)   |   |
| 9  | Balance Claim Amount payable to the Insured Member or to nominee/beneficiary (in Rs.)   |   |

We hereby undertake and confirm that details furnished above are verified based on our records and is accurate.

Sign of Authorised Signatory of Master Policyholder

(Along with stamp).

Date:

Place: