**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: