(STAMP PAPER OF RS.100/- AND THIS AFFIDAVIT SHOULD BE NOTARISED)

AFFIDAVIT / CONSENT

Affidavit regarding legal h Allianz General Insura	nce Company Ltd.,	by (1)	W/o.
Age: yrs, beir	ng the claimants of the P	A claim amount.	
WE,			
1. W/o.	, Age:	vrs. Occupation	
2 S/o	, Age:	yrs, Occupation:	
all residing at:	, do hereby solen	nnly affirm and declare	as under:-
	persons are the only legan o was permanently resid accident date	ing at, ar	
	doordont date	·u	
The names of the legal he	rs of the above decease	d	
Sr. Name 1	Age	Relationship w	ith deceased
1 2 3			
We understand that Company Ltd., has agreed accidental d We do hereby state an	d to process the PA cla eath of Late	im application made b	by us in respect of
S/o entitle over the said amount of Rs	d to receive the PA clain	n amount. We have no	o objection to hand
Solemnly affirmed at	on this	_ day of	2005.
I know the affiants		3	

Affiants