



STATE LIFE

INSURANCE CORPORATION OF PAKISTAN

GULF ZONE

503-SH. SAUD BIN SAQAR AL-QASIMI BUILDING
OPPOSIT TOYS 'R' US, SALAH-UD-DIN ROAD
DEIRA - DUBAI

TELEPHONE: 04-2729061, 04-2729071

FAX: 04-2729051

E-MAIL: sliicdxb@emirates.net.ae

P.O. Box. # 11278 Dubai U.A.E.

MR/MS. _____

Date : _____

RE: POLICY NO. _____

Dear Policyholder,

We are happy to inform you that 1st/2nd installment of Survival Benefit is due for payment.
The detail of which are given as follows:

1st/2nd Installment due on _____ \$ / AED _____

1. Outstanding Premium due on _____ AED / ~~4~~ _____

2. Late Fee @ ^{8%} 10% p.a. up to S.B due date AED / ~~4~~ _____

3. Loan Outstanding up to S.B due date AED / ~~4~~ _____

4. Interest accumulated up to SB due date AED / ~~4~~ _____

TOTAL O/S LIABILITIES. AED / ~~4~~ _____

NET AMOUNT PAYABLE. AED / ~~4~~ _____

In order to settle the claim, please return this form duly signed & witnessed.

Assuring you our best services at all times.

Thanking you.

Yours Faithfully,

Pls Tick (✓) the Desired Box For Payment in Currency			
1 <input type="checkbox"/>	US DOLLAR	2 <input type="checkbox"/>	DIRHAM
3 <input type="checkbox"/>	SAUDI RIYALS	4 <input type="checkbox"/>	PAK RS.
Make Sure No Cutting in Account No. is allowed			

Manager (PHS) _____

Please remit the above amount in my Bank Account No. _____
Name of Bank _____ Branch _____

Please tick the desired box.

1. US DOLLAR 2. DIRHAM 3. SAUDI RIYALS 4. PAK RS.

Please tick the desired box.

A. CROSS CHEQUE. B. CROSS DEMAND DRAFT.

SIGNATURE OF POLICYHOLDER.

WITNESSED.

PLACE. _____

NAME _____

DATE _____

ADDRESS. _____