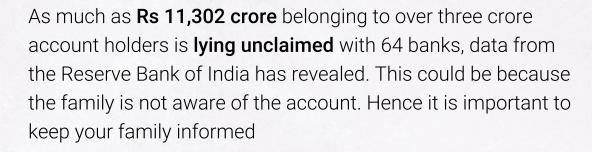




DID YOU KNOW?



As much as **Rs 15,167 crore** of policyholder's money was lying unclaimed with 23 life insurers as on March 31, 2018. The amount of **unclaimed insurance money** has been increasing. Here too these cases may have happened because the family members are not informed about it

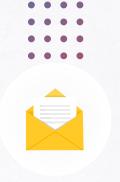
Hence, it is very important that you fill this document properly so that your family is well informed of all your financial assets and liabilities





We understand how crucial and imperative it is to keep track of valuable information. Therefore, we have organized this repository to keep track of you and your family's data, which contains all your essential and financial information. We hope it will come in handy when you need it







Letter to my loved one's

Dear		
Lots of Love,		



Davagnal dataila





Personal details	UI
Emergency contact details	02
Contact details of my advisors	03
Bank locker details	05
Location of important document & records	06
Important website links &login credentials	07
Bank details personal property details	08
Deposits with banks / post offices	09
Insurance details	10
Health insurance details	11
Stock mutual funds & demat account	12
Credit card details & loan details	13
Additional details	14







PERSONAL DETAILS

PAN	
UID No. (Aadhaar Card)	
Ration Card No.	
Blood Group	



Passport No .	
Driving License No.	
Voters ID Card No.	
EPF Account No. / UAN	
PPF Account No.	
Telephone/Mobile No.	
Mobile Service Provider	
Gas Consumer No.	
Gas Service Provider	
Electricity Account No.	
Electricity Service Provider	
Water Account No.	





EMERGENCY CONTACT DETAILS

Person	Name	Phone No.
My Boss		
My Colleague		
My Friend 1		
My Friend 2		
Family Doctor		
Other Doctor Whose Treatment is Being Taken		
Hospitalisation Process Representative		
Medical Insurance Advisor		
Others		







CONTACT DETAILS OF MY ADVISORS

1. Advocate / Legal Advisor	5. Investment Advisor
Name:	Name:Address:
Email:	Email:
2. Chartered Accountant & Tax Consultant	6. Life Insurance Agent
Name:	Name:
Address:	Address:
Contact No.:	Contact No.:
Email:	Email:
3. Share Broker	7. Life Insurance Agent
Name:	Name:
Address:	Address:
Contact No.:	Contact No.:
Email:	Email:
4. Investment Advisor	8. Health Insurance Agent
Name:	Name:
Address:	Address:
Contact No.:	Contact No.:
Email:	Email:





CONTACT DETAILS OF MY ADVISORS

9. Health Insurance Agent	13. Real Estate Agent
Name:Address:Contact No.: Email:	Name:Address:Contact No.:Email:
10. General Insurance Agent	14. Bank Relationship Manager
Name:Address:Contact No.: Email:	Name:Address:Contact No.:
11. Physician / Dentist	15. Bank Relationship Manager
Name:Address:Contact No.:Email:	Name:Address:Contact No.:Email:
12. Physician / Dentist	
Name:Address:Contact No.:Email:	





BANK LOCKER DETAILS

Bank Locker 1		
Name of the Bank		
Address		
Locker No.		
Keys located at		
List of Contents		

Bank Locker 2		
Name of the Bank		
Address		
Locker No.		
Keys located at		
List of Contents		





SEABUCKS FINSERV PVT LTD LOCATION OF IMPORTANT DOCUMENT & RECORDS

Type of Document	Location
Cheque Book(s) / Passbook(s)	
Public Provident Fund (PPF) Passbook(s)	
Fixed Deposit Certificate(s)	
Tax Files (Income Tax / Wealth Tax / Gift Tax)	
Educational / Domicile / Marriage Certificates	
Court Decisions / Judgements / Pending Litigation	
Insurance Files (Life / Mediclaim / General)	
Property Ownership Document(s)	
Loan related Document(s) (e.g. Loan agreements etc.)	
Shares / Bonds / Units Certificates	
Rent Receipts, Tenancy Agreements (Correspondence with Landlord / Tenants)	
Receipts of Telephone / Gas / Electricity etc.	
Will(s)	
Others:	





IMPORTANT WEBSITE LINKS &LOGIN CREDENTIALS

Purpose	Websites / URL	Login	Password / Hint

SEABUCKS 07





BANK DETAILS

Account No.	Name of First Holder	Name of Second Holder	Bank Name	Bank Address



PERSONAL PROPERTY DETAILS

Address	Date Acquired	Bank Name	Joint Owners	Returns or Income, if any







DEPOSITS WITH BANKS / POST OFFICES

Name	Name and Address of Bank / Post Office	Nominee	Amount	Date of Maturity
			2	





INSURANCE DETAILS

Please mention details of your life insurance

Name	Insurance Provider	Policy No.	Sum-Assured	Premium Amount	Due date







HEALTH INSURANCE DETAILS

Name	Relationship	Policy No.	Coverage	Health Conditions	Allergy to Any Medicines

Comments -	 	 	 	 	







STOCK, MUTUAL FUNDS & DEMAT ACCOUNT

Company / Bank Name	Account Number	Nominee
Comments -		





CREDIT CARD DETAILS

Credit Card Number	Name of Bank	Name on Card	Expiry Date



LOAN DETAILS

Type of Loan	Loan A/c No.	Amount	Bank	EMI	Start Date	End Date

Comments -				







ADDITIONAL DETAILS

NOTE: Take a print out, fill details, and create a physical file. Also, these details should not be shared with any unsolicited person

