PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA (PMJJBY)
CLAIM-CUM-DISCHARGE FORM

Note :-

- **This form needs to be submitted with the requisite details preferably within 30 days of death of insured member**
- **The form needs to be filled by the nominee. Or in case the nominee is a minor, his/her appointee, and in case of no nomination or the nominee pre-deceasing insured member, the claimant legal heirs of the insured)**

Part 1. Details of the deceased member enrolled under PMJJB

1. Name: _____

2. Address: _____

   Name of Village/ Town/ City: _____   Name of District: _____

   Name of State: _____   PIN Code: _____

3. Bank / Post office account number: _____

4. Date of death: DD-MM-YYYY_____

5. Cause of death: ☐ Accident ☐ Others (please specify) _____

6. Document(s) attached as proof of death or, in case of death due to an accident within 30 days of joining the scheme, proof of accidental death

☐ Copy of death certificate issued by local Municipal authority OR

☐ Hospital discharge summary/certificate in respect of the deceased person, specifying his/her name, father's/husband's name, address and the date, time and cause of death OR

☐ Certificate issued by the last attending Registered Medical Practitioner (doctor registered with the Indian Medical Council) in respect of the deceased person, specifying his/her name, father's/husband's name, address and the date, time and cause of death, which should be countersigned with his/her seal by a Gazetted officer of the Central or the State Government or by an officer of the deceased accountholder's bank or any public sector bank or any public sector insurer OR

☐ Certificate issued in respect of the deceased person by the District Magistrate / Collector / Deputy Commissioner of the district concerned, or by any Executive Magistrate (Additional District Magistrate, Sub-Divisional Magistrate, Tehsildar/Talukdar etc.) authorised by him/her, in the form prescribed in the claim settlement procedure for the scheme

7. Aadhaar number (Optional): | X | X | X | X | X | X | X | X | | | | |

8. Income-tax Permanent Account Number (PAN) (Optional): _____

Part 2. Details of the nominee:

1. Name of the nominee: _____

2. Age of nominee: _____

3. In case the nominee is a minor, name of the appointee: _____

4. In case of no nomination or nominee pre-deceasing the insured member, name of the claimant/ legal heir/ beneficiary: _____

5. Proof of death of nominee in case of nominee predeceasing the insured member: _____

6. Relationship of the nominee/claimant with the deceased: _____

7. Contact mobile number: _____

8. Contact email address: _____

9. Contact address: _____

10. Details of the nominee/appointee/claimant (as the case may be):

    - Particulars of bank account into which the claim amount is to be remitted:

      (a) Account number: _____

      (b) Name of bank: _____

      (c) Branch IFS Code: _____

    - Aadhaar number (Optional): | X | X | X | X | X | X | X | X | | | | |

    - Income-tax PAN (Optional): _____

    - KYC document attached as proof of identity: Aadhaar card ☐ Electoral photo identity card [EPIC] ☐ MGNREGA card ☐ Driving license ☐ PAN ☐ Passport ☐

I hereby declare that details submitted above are true to the best of my knowledge, the documents attached in support of this claim are genuine, and I have not claimed the amount payable under PMJJBY in respect of the deceased member named above earlier or in respect of any other account of the deceased with any bank or post office.

Declaration and Authorization

I/We declare, authorize, and consent to the Company that: (a) The above answers and statements are true in all respects, and I/ we further agree that in furnishing claim form PNB MetLife has not admitted any liability or waived any of its rights. (b)The physicians/doctors or hospitals, medical centers, who has attended upon or examined or treated the aforesaid deceased person/insured for any ailment or illness or other Insurance Companies which issued policies to the aforesaid deceased person/insured, present/ past employers or business associates of the life insured, Birth and Death Registrar, Diagnostic centers wherein the life insured underwent personal/ official/ insurance related medical tests, to divulge or share any knowledge or information or documents regarding the deceased's state of health or other details which he/they may have acquire whether before or after the policy was issued by PNB MetLife. A Photocopy of this authorization shall be considered as effective and valid as the Original. (c) To use and disclose any of our personal and sensitive confidential information collected or available with PNB MetLife to any individual/organization/entity associated or affiliated with or engaged by PNB MetLife, including insurers/reinsurers, claim investigative agencies, vendors and industry associations/federations for the purpose of processing this claim and / or for providing subsequent services.

PNB MetLife India Insurance Company Limited

Registered office: Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, Karnataka. IRDA of India Registration number 117. CI No. U66010KA2001PLC028883 Call us Toll-free at 1-800-425-6969, Website: www.pnbmetlife.com, Email: indiaservice@pnbmetlife.co.in or write to us 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai - 400062. Phone: +91-22-41790000, Fax: +91-22-41790203

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Declaration for Disclosing Aadhaar:

I/We provide my/our below consent to the Company in accordance with the applicable statutes and regulations for: (a) collecting, storing, and using, (b) validating/authenticating, and (c) updating my/our last 4 digits of Aadhaar number. I/We hereby consent to provide my/our Aadhaar number, Virtual ID, biometric and/or One Time Pin (OTP) data for Aadhaar based authentication for the purposes of availing the policy from PNB MetLife and receiving its services only. I/We understand that the data and information collected shall be retained: (a) Only for the time period necessary for the purpose specified hereinabove, and (b) PNB MetLife has a mechanism for the redressal of my/our grievances, if any, in this regard.

Indemnity/Undertaking/Warranty and Representations by the Claimant in lieu of original policy bond and document

I irrevocably inure, acknowledge, represent and undertake to the Company that the original policy contract is not pledged, mortgaged, assigned or otherwise created any adverse lien, title, interest over it either by the policyholder or by the legal heirs and I further undertake to destroy it as a null and void document post receipt of the full and final payment of the claim under the policy from the Company. I further undertake that the Company stands indemnified by me against all losses, claims whatsoever arising out of anything in relation to the dispensation of original policy contract or the representations/warranties herein. I completely understand and agree with the Company that it shall stand conclusively discharged from all the obligations arising out of this policy/ies upon making the payment to me, nominee, legal heir or successor of the policyholder/life assured.

I hereby acknowledge and agree that any incorrect, false, or misleading or deficit information furnished by me may result in the rejection of claim or the recovery of claim proceeds with cost and compensation as the case may be apart from civil and criminal liability on me and my assets.

Signature/ Left Thumb impression of **Claimant** _____ Date: DD-MM-YYYY

Declaration by the person filling in the Claim form. (in case the Claim form is filled up / signed in a language different from that of application form)

I hereby declare that I have fully explained the contents of the Claim form to the claimant in the language understood by him/her. The same have been fully understood by him/her and the replies have been recorded as per the information provided by the claimant and the replies have been read out to, fully understood and confirmed the claimant

The content of the form and document have been fully explained to me and that I have fully understood the content mentioned herein and its significance for the proposed Claim.

_____	_____	_____	_____
Date: DD-MM-YYYY	Place	Signature of the Declarant	Signature / Left thumb Impression (Claimant/ Nominee)

Name of Witness: _____ **Signature of Witness:** _____

Address of Witness: _____

Date: DD-MM-YYYY **Place:** _____

Documents required:

- Proof of death of the insured member
- In case the death is due to accident, any one of the below mentioned documents needs to be submitted along with proof of death
  - FIR or Panchnama and the postmortem report
  - Certificate issued in respect of the insured member by the District Magistrate / Collector / Deputy Commissioner of the district concerned, or by any Executive Magistrate (Additional District Magistrate, Sub-Divisional Magistrate, Tehsildar/Talukdar, etc.) authorised by him/her, in the form prescribed in the claim settlement procedure for the scheme
  - In case of death due to accidents such as snake bite/ fall from tree, etc., hospital record specifying the deceased member's name, father's/husband's name, address and the date, time and cause of death in lieu of above-mentioned documents
- KYC document in respect of the nominee appointee/ claimant
- First two pages of passbook, or bank/ post office account statement showing account details, or cancelled cheque of the account of nominee/ appointee/ claimant
- Proof of death of nominee, in case the nominee has predeceased the insured member
- Proof of claimant being the legal heir, in case claimant is other than nominee/appointee
- Advance receipt for discharge of claim, duly filled in and signed

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Part 3: Details in respect of the deceased insured member

(To be filled by the bank / Post office from enrolment data or data of bank/ post office)

1. Bank / Post office account number (as per bank's CBS/ post office records): _____

2. Bank / Post office name: _____

3. Branch name: _____

4. Branch IFS Code: _____

5. Name of father/husband of the deceased member: _____

6. Date of birth (as per KYC document): DD-MM-YYYY_____

7. Name of the insurer: _____

8. Name of the nominee: _____

9. Date of debit of premium from the bank / post office account: _____

10. Date of remitting the premium into insurer's account: _____

It is certified that the above information is true as per PMJJBY enrolment data and bank /post office records.

Place:_____

Date: DD-MM-YYYY

(Signature and seal of the authorised official of the bank/ post office)

PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA

Advance receipt for discharge of claim

In consideration of approval of my claim referred above, I hereby accept from _____ (name of the insurer) the sum of Rupees two lakh only, in full and final settlement and discharge of my claim under the said policy covering insurance in respect of member Shri/Ms _____.

Signature of the witness _____

Name of witness: _____

Address: _____

_____

Signature of nominee/appointee/claimant

Date: DD-MM-YYYY

Counter signature of authorised official of the bank / post office:

Date: DD-MM-YYYY

Name: _____

Name of bank / post office: _____

Branch: _____

Office stamp