

PRADHAN MANTRI SURAKSHA BIMA YOJANA (PMSBY)
CLAIM FORM

This form is issued without admission of liability. It must be completed and submitted to the branch where the insured holds the underlying Bank Account, preferably within 30 days of the accident resulting in claim.

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|----|---|--|
| 01 | Name of the Account holder (Insured person) | |
| 02 | Full address of the Insured: | |
| 03 | Name and address of the Bank Branch: | |
| 04 | Savings Bank Account Number: | |
| 05 | Contact details of insured (if available): Mobile No: Phone number: email address: Aadhar no. if available: | |
| 06 | Details of Nominee (in case of death of insured): Name: Mobile / Phone number: Email address: Bank Account Particulars (for electronic transfer): Bank Name: Branch Name: IFSC Code: Account No: Aadhar no. if available: | |
| 07 | Details of Accident. a) Day, Date, and Time of occurrence: b) Where did it occur: c) Nature of Accident: d) Cause of Death/Details of Injury: | |
| 08 | Name address and contact details of Hospital/ attending Doctors: | |
| 09 | State where and when a Medical or other Officer of the Company can visit the Insured. | |
| 10 | Documents to be Submitted in support of the Claim: a) In case of Death: Original FIR/ Panchnama, Post Mortem Report and Death Certificate. b) In case of Permanent Disablement: Original FIR/ Panchnama and Disability Certificate from Civil Surgeon. c) Discharge voucher | |

Declaration: I hereby declare and warrant that the foregoing particulars are true and complete in every respect and I agree that if any of the details given above are proved to be false or untrue, or there is any suppression or concealment, my right of compensation shall be forfeited. I also declare that I have not claimed the amount due under PMSBY cover on account of the above accident through any other cover under PMSBY.

Dated:

Signature of the Claimant/Nominee.

For Office Use:

| | | | |
|----------------|--|---------------|--|
| Policy Number: | | Claim Number: | |
|----------------|--|---------------|--|

Certified that the information relating to the Bank Account and Nominee has been verified. Premium was debited to the Bank Account on and remitted to the insurer on:.....

Signature of Authorised Official of the Bank

**PRADHAN MANTRI SURAKSHA BIMA YOJANA
DISCHARGE VOUCHER**

Claim No. :(*to be filled by Bank*)

Policy No.:

Name of Bank / branch:

Name of Insured:

Bank Account No. of Insured:

Date:

In Consideration of approval of my claim referred above, I/We hereby accept from (*name of the Insurance Company*) the sum of Rs. (*approved net Claim amount*) **in full and final settlement** of my/our claim arising out ofwhich occurred on (*date of loss*) covered under Policy No. valid for the period from.....to.....

I/We hereby voluntarily give discharge receipt to the Company **in full and final settlement** of all my/our claims present or future arising directly/indirectly in respect of the said loss/accident. I/We hereby also subrogate all my/our rights and remedies to the Company in respect of the above loss/damages.

One Rupee Rev.Stamp

Signature of the Nominee /Insured.

Full Name:

Address:

Account No of Nominee:

Witness

Full Name

Address

Counter Signature of Authorised Official of the Bank

Bank Name & Branch:

Address: