

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.

1	Name of the Account holder (Insured person)	
2	Full address of the Insured:	
3	Name and address of the Bank Branch:	
4	Savings Bank Account Number:	
5	Contact details of insured (if available):	
	Mobile No:	
	Phone number:	
	email address:	
6	Aadhaar no. if available:	
	Details of Nominee (in case of death of insured):	
	Name:	
	Mobile / Phone number:	
7	Email address:	
	Bank Account Particulars (for electronic transfer):	
	Aadhaar no. if available:	
	Details of Accident.	
8	a) Day, Date, and Time of occurrence:	
	b) Where did it occur:	
	c) Nature of Accident:	
	d) Cause of Death/Details of Injury:	
9	Name address and contact details of Hospital/ attending Doctors:	
10	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	

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:
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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: _____.

Bank Seal

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: _____

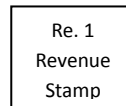
Name of Insured: _____

Bank Account No. of Insured: _____

Date: _____

In consideration of approval of my claim referred above, I/We hereby accept from United India Insurance Company Limited the sum of Rs. _____ (approved net Claim amount) **in full and final settlement** of my/our claim arising out of _____ which 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.



Signature of the Nominee /Insured

Full Name:

Address:

Account No. of Nominee:

Witness:

Full Name:

Address:

Signature of Authorised Official of the Bank

Bank Name & Branch:

Address:

PRADHAN MANTRI SURAKSHA BIMA YOJANA (PMSBY)
CLAIMS PROCEDURE

1. Immediately after the occurrence of an accident which may give rise to a claim under the policy, the insured or the nominee (in case of death of the insured) shall contact the bank branch where the insured person held the underlying Bank Account from which the premium for the policy was auto debited and submit a duly completed claim form.
2. The claim form may be obtained from the above bank branch or any other designated source like insurance company branches, hospitals, PHCs, BCs, insurance agents etc., including from designated websites. The insurance companies concerned shall ensure wide availability of forms at all such locations. Supply of the form shall not be denied to any person requesting the same.
3. The Claim form shall be completed by the insured or, as the case may be, by the nominee and submitted to the above bank branch preferably within 30 days of the occurrence of the accident giving rise to the claim under the policy.
4. The Claim form shall be supported, in case of death of the insured, by the Original FIR/ Panchnama, Post Mortem Report and Death Certificate and in case of permanent disablement, by Original FIR/ Panchnama and a Disability Certificate issued by a Civil Surgeon. A discharge certificate in the enclosed format shall also be submitted by the claimant / nominee.
5. The authorised official of the Bank shall check the account / auto-debit particulars and verify the account details, nomination, debiting of premium / remittance to insurer and certify the correctness of the information given in the claim form, and forward the case to the insurance company concerned within 30 days of the submission of the claim.
6. Insurer will verify and confirm that premium has been remitted for the insured and the insured is included in the list of insured persons in the master policy.
7. Claim shall be processed by the insurance Company which has issued the master policy for the Bank within 30 days of its receipt from the Bank.
8. The admissible Claim amount will be remitted to the Bank Account of the insured or the nominee, as the case may be.
9. In case of death of an insured who has not named his/ her nominee the admissible claim amount shall be paid to the legal heirs of the insured on production of Succession Certificate/ Legal Heir certificate from the Competent Court/ authority.
10. Maximum time limit for Bank to forward duly completed claim form to Insurance Company is thirty days and maximum time limit for Insurance Company to approve claim and disburse money thereafter is thirty days.