

PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA – CLAIM FORM

(to be completed by the Claimant & Bank)

1. NAME OF THE SCHEME : Pradhan Mantri Jeevan Jyoti Bima Yojana
2. POLICY NO. :
3. FULL NAME AND ADDRESS OF THE BANK :
4. NAME OF THE DECEASED MEMBER :
5. SAVINGS BANK ACCOUNT NO. OF DECEASED MEMBER:
6. AADHAR NO. OF DECEASED (if available):
7. DATE OF ENTRY INTO SCHEME BY MEMBER :
8. DATE OF DEATH OF MEMBER :
9. CAUSE OF DEATH :
10. NAME OF NOMINEE * :
11. RELATIONSHIP OF NOMINEE:
12. ADDRESS OF THE NOMINEE :
13. MOBILE NO. OF THE NOMINEE:
14. AADHAR NO. IF AVAILABLE:
15. DETAILS OF SAVINGS BANK ACCOUNT OF NOMINEE:

IFSC CODE: SAVINGS BANK ACCOUNT NO. :
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We hereby declare that the answers to all the above questions are true in every respect and this is the only claim preferred under the Pradhan Mantri Jeevan Jyoti BimaYojana for the above deceased member. We enclose Death Certificate as the proof of death of the Member along with a duly executed discharge form.

A chungá zawná chhannate khi engtikawng pawhin a dik vek tih kan nemngghet a. Hei lo hi Pradhan Mantri Jeevan Jyoti BimaYojana hnuaiah member boralta tana claim kan duhthlan a ni. Discharge form rualin Member hi a thi ngei anih Death Certificate chiannan kan thiltel baw e.

*In case the Nominee is a minor, the Guardian/Appointee may fill in the claim form.

*Rokhawmtu tura ruat hi kumtlinglo anih chuan, Guardian/Appointee in claim form an fill up thei ang.

(Signature of the Nominee* /Claimant)

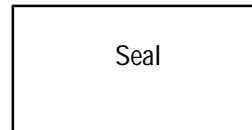
We hereby certify that the above member was covered under the PMJBY Scheme and premium was debited from his bank account on the renewal date prior to his death and remitted to SBI Life Insurance Company Limited. We also certify that as per our records, Shri/Smt. _____ is the nominee of the above insured Member for the said scheme.

A chung a Member hian PMJBY Scheme hnuai a Bank Account kaltingin a hun takah zel premium SBI Life Insurance Company Limited a chhnluh turin a pe tih kan nemngghet a. Kan chhinchhiahnain a tarlan danin Shri/Smt.

_____ hi he scheme hnuai insurance titu Member in Rokhawmtu tura a ruat anih kan nemngghet baw k e.

PLACE : _____
DATE : _____

(Signature of authorized official of the Bank)



Encl.: Death Certificate & Discharge Form.

**DISCHARGE RECEIPT FOR PAYMENT UNDER PMJJBY
SCHEME**

Policy No:

Name of the Bank:

I/We, _____ do hereby acknowledge receipt from SBI LIFE Insurance Company Limited, a sum of Rs.2,00,000/- (Rupees Two lakhs only) in full satisfaction and discharge of all our claim/s under the above policy on the life of Mr./Ms. _____, covered under this scheme under Savings

Bank Account No. _____.

Dated at _____ this _____ day of _____ 20_____.

Witness: _____

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| Revenue Stamp |
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(Signature of the Nominee* /Claimant)

Details of nominee / appointee (in case nominee is minor):

Name: _____ Email Id: _____

Mobile No. : _____

Aadhar Number (if available): _____

Bank Account No. : _____ Branch: _____

Name of the Bank: _____

Address : _____

IFSC Code : _____

{Copy of cancelled cheque to be attached (if available)}

*In case the Nominee is a minor, the Guardian/Appointee may fill in this form.

(Signature of the Nominee* /Claimant)

CLAIM SETTLEMENT PROCEDURE UNDER PMJJB
PMJJB HNUAIA CLAIM KALPUI DAN TUR

Claim amount of Rs.2,00,000/- is payable on death of a member to his / her nominee(s). The Risk cover will be provided to the person from his/her age of 18 years (Completed) till attaining age 55 years (nearer birthday) as on the annual renewal date. i.e. eligibility will cease on attaining age 55 years (nearer birthday) or on closure of account with the Bank or insufficiency of balance to keep the insurance in force.

Claim zat pawisa Rs. 2,00,000/- hi Member a lo thihin a rokhawmtu tur hnenah pek theih a ni ang. Mi tupawhin kumtina pawisa dah tur zat kum 18 a pumhlum atanga kum 55 a tlin dawn thlengin a dah thin chuan Insurance Risk Cover hian a huam ang. Amaherawhchu, mi tupawhin kum 55 a tlin dawn hnaih emaw, Bank Account a pawisa awm reng zat tur a neih tlin lohvin Insurance hi tihtawpa ngaih a ni ang.

Death claim benefit of Rs. 2,00,000/- will be settled by the designated Office of Insurance Company concerned. The process followed will be as under:

Thihna avanga sum hmuh tur Rs. 2,00,000/- hi Insurance Company tihbikten an tifel thin ang a, hetiang hi a kaldan tur indawt a ni ang:

Steps to be taken by the Nominee:

Rokhawmtu tihturte:

1. Nominee to approach the Bank wherein the Member was having the 'Savings Bank Account' through which he / she was covered under PMJJB; along with the death certificate of the member.
Rokhawmtu chuan Member thi Death Certificate kengin Savings Bank Account kaltlanga PMJJB a neihna hmun Bank dawr turin a kal ang.
2. Nominee to collect Claim Form, and Discharge receipt, from the Bank 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.
Rokhawmtu chuan Claim Form leh Discharge Receipt Bank atangin emaw, chutiang form an dahna hmun bik - Insurance Company Branch, Damdawiin, PHC, BC, Insurance Agents adt. Emaw a la ang a. Chung hmunahte chuan Form te chu awlsam taka lak mai theihin a awm ngei a ni tih Insurance Company thlanbikte an endik thin ang. Mi tupawhin heng form te hi a dil chuan an dilna hnawlsak a thiang lova, pek ngei tur a ni.
3. Nominee to submit duly completed Claim Form, Discharge Receipt, death certificate along with photocopy of the cancelled cheque of the nominee's bank account(if available) or the bank account details to the Bank wherein the Member was having the 'Savings Bank Account' through which he / she was covered under PMJJB.
Rokhawmtu chuan Claim form leh Discharge Receipt felfai taka dahkhah, Death Certificate leh ama Bank Cheque cancel sa xerox copy (a awm theih chuan) emaw Member boralta in Bank Account kaltlanga PMJJB a tihna kimchang a thehltur ang.

Steps to be taken by the Bank

Bank tihturte

1. Upon receipt of death intimation the Bank should check whether the cover for the said member was in-force on the date of his death, i.e., whether the premium for the said cover on Annual Renewal Date, i.e. 1st of June, prior to the Member's death was deducted and remitted to the Insurance Company concerned.
Member thih thu Bank a hriattir a nih veleh a thihni thlengin Insurance in a la huam em tih enfiash tur a ni a. Kumtina a premium a pek ni tura hunruat i.e. June ni 1 ah tha takin a pe thin em tih enfiashin chung premium a pekte chu Insurance Company thlanbikah chhunluh thin a ni em tih enfiash nghal tur a ni.
2. Bank to verify the Claim Form & the nominee details from the records available with them and to fill in the relevant columns of the Claim form.
Bank a claim form thehluhte chu Rokhawmtu chanchin kimchang Bank in a vawn thatte nen endikin a tul ang zela Claim form a dahkhah tur a ni.

3. Bank to submit the following documents to the designated office of the Insurance Company concerned: Insurance Company tihbikah heng a hnuai lehkhaw pawimawhte hi Bank in a thehlut ang.
 - a. Claim Form duly completed
 - b. Death certificate
 - c. Discharge Receipt
 - d. Photocopy of cancelled cheque of the Nominee (if available).
4. Maximum time limit for Bank to forward duly completed claim form to Insurance Company is thirty days from the submission of the claim to it.
Claim thehluk anih atanga Bank in Insurance Company-a a thehluk leh hun chung chu ni 30 aia reilo tur a ni.

Steps to be taken at designated office of Insurance Company:

Insurance Company tihturte:

1. Verify that the Claim form is complete in all respects and all the relevant documents have been attached. If not, take up with the Bank concerned.
Claim form leh lehkhaw pawimawhte thehluhte chu a kimin a dik ngei a ni tih a enfiah ang a, kimlo leh fello a awm chuan Bank nen an thawkdun ang.
2. If the claim is admissible, the designated office of the insurer shall check whether the member's coverage is in force and no death claim settlement has been effected for the Member through any other account. In case any claim has been settled, then the Nominee shall be intimated accordingly with a copy marked to the Bank.
Claim chu pawmsak theih a nih chuan, Insurance Company tihbik chuan member insurance huam hun endikin Member account neihna dang atangin Claim hi pek tawh a ni em tih a enfel ang. Claim hi pek tawh a lo nih chuan Rokhawmtu hnenah hriattir a ni ang a, hriattirna copy Bank ah pek a ni bawkdun ang.
3. In case the coverage was in force and no claim has been settled for the said member, payment shall be released to the Nominee's bank account and a communication shall be sent to the nominee with copy marked to the Bank.
Insurance chuan Member chu a huam a, claim tihfel a la nih loh chuan Rokhawmtu Bank Account ah pawisa dahluhsak a ni ang a, Bank hnenah copy pein Rokhawmtu hriattir a ni ang.
4. Maximum time limit for Insurance Company to approve claim and disburse money is thirty days from the receipt of the claim from the Bank.
Bank in Insurance Company – a Claim a thehluk atanga ni 30 chungin claim pawmpuiin pawisa pekchhuah tur a ni ang.

In case where the claim form is directly submitted to any office of the insurer by the claimant, then the insurer's office would forward the same to the concerned bank of the deceased account holder immediately to get necessary verification etc. done from the bank concerned. The concerned Bank Branch will forward the Claim Form to the designated office of the Insurance Company for processing the claim.

Rokhawmtuin Bank kaltlang Iova Insurance Company remchanga Claim form a thehluk chuan Insurance Company chuan Bank ah Account neitu chanchin kimchang dikna tarlang turin Bank ah Claim Form chu a thehlut phawt ang. Bank Branch atangin Insurance Company tihbik ah Claim hmuh a nih theih nan a thehlut nawn leh ang.

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