

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.

He Claim Form hi accident a thlen atanga ni 30 chhungin a hnuai a mite hi kimchang taka dahkhatin kan Bank Account kaltlanga Insurance kan tihna Branch-ah thehluh tur a ni.

01	Name of the Account holder (Insured person) Insurance titu Hming	
02	Full address of the Insured: Chenna / Veng	
03	Name and address of the Bank Branch: Bank hming leh Branch Address kimchang	
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): Rokhawmtu chanchin kimchang (Insurance titu a thih chuan) Name: Mobile / Phone number: Email address: Bank Account Particulars (for electronic transfer): Aadhar no. if available:	
07	Details of Accident Accident dan kimchang. a) Day, Date, and Time of occurrence: Accident thlen hun b) Where did it occur: Accident thlenna hmun c) Nature of Accident: Accident awm chhan d) Cause of Death/Details of Injury: Thihna/Inhliamna awm chhan	
08	Name address and contact details of Hospital/ attending Doctors: Doctor/Hospital hming leh awmna veng	
09	State where and when a Medical or other Officer of the Company can visit the Insured. Medical lam emaw, Company Officer emaw in Insurance titu a kan theihna hun leh hmun	
10	Documents to be Submitted in support of the Claim: Lehkha pawimawh thehluh tel turte a) In case of Death (Thihna ah): Original FIR/ Panchnama, Post Mortem Report and Death Certificate. b) In case of Permanent Disablement (Ram tui lei lova awmin): 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.

Nemnghehna : A chungka kan sawite khi engti kawng pawhin a dik a ni tih ka nemnghet e. Thu belhchian dawllo leh diklo emaw, thu inthup leh him tawklo emaw a awm tih finfiah a nih chuan zangnadawmna ka hmuh theih hi ka chan ang. Tin, a chungka ka Accident (Chetsual ka tawh) –na avanga pawisa ka lak theih zat hi PMSBY hnuaiah hmun dangah ka la chhallo tih ka nemnghet bawk e.

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:.....

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 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.

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:

PRADHAN MANTRI SURAKSHA BIMA YOJANA (PMSBY)

CLAIMS PROCEDURE (Claim dan kalphung)

- 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.
Policy kan Claim theihna tur khawp accident a thlen veleh, Insurance titu in emaw, a rokhawmtu in emaw (Insurance titu a lo boralin) Bank Account kaltlanga Insurance tihna leh a premium pawh khawlin a lo lak zelna Bank Branch chu be pawpin Claim form felfai taka dahkhah sa a thehlut ang.
- 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.
Claim form hi Branch ah emaw, Insurance Company Branch ah emaw, Damdawiin ah emaw, PHC ah emaw, BC te emaw, Insurance Agent te emaw helam tarlanna bik Website kaltlangin neih theih a ni ang. Insurance company tihbik te chuan hnianghnar taka form heng hmunahte hian a awm theih nan hma an la ang. Mi tupawhin heng form an dilna hi hnawlsak tur a ni lovang.
- 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.
Policy kan Claim theihna tur khawp accident a thlen veleh, Insurance titu in emaw, a rokhawmtu in emaw (Insurance titu a lo boralin) ni 30 ral hma ngeiin claim form hi Bank Account a neihna Branch ah a thehlut ang.
- 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.
Claim form hi lehkha pawimawh hrang hrang hmanga thlawp tur a ni.
Insurance titu a boralin - Original FIR/ Panchnama, Post Mortem Report and Death Certificate.
Insurance titu ramtuileilova a awmin - Original FIR/ Panchnama leh Disability Certificate (Civil Surgeon atangin).
Discharge Voucher (siamsa angin) thehluh tel bawh tur a ni.
- 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.
Bank-a Authorised Official-in Account/pawisa lakchhuah dan leh Account kimchang, rokhawmtu, premium pek tawh zat/Insurance titu hnena pawisa pek tawh zat te endikin Claim form a dahkhahte a dikzia a nemnghet ang a, claim form thehluh atanga ni 30 chhungin Insurance Company ah thawn chhawn leh a ni ang.
- 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.
Insurance zuartu chuan Insurance latu in premium a pe ngei em tih leh Master Policy ah Insurance latu te zingah telh a ni em tih a enfiah ang.
- 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.
Bank Master Policy neitu Insurance Company te chuan Bank atanga Claim an dawnte chu ni 30 chhungin an khawih ang.
- 8) The admissible Claim amount will be remitted to the Bank Account of the insured or the nominee, as the case may be.
Claim pawisa dawn tur zat chu Insurance titu emaw, a rokhawmtu emaw Bank Account ah thunsak a ni ang.
- 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.
Insurance titu-in rokhawmtu a siam loh chuan Claim pawisa chu dan ang thlapa a rochungtu turin Court atanga Succession Certificate/ Legal Heir certificate lain a dawng thei ang.
- 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.
Bank atanga Insurance Company a Claim form thehluh chu ni 30 chhung a ni ang a, chutiang bawkin Insurance Company in Claim a pawmpui leh pawisa a pekchhuah hun chu ni 30 chhung a ni ang.