

Annexure 3

**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.

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	
	e-mail address	
	AADHAAR 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)	
	AADHAAR 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:	
	In case of Death: Original FIR/ a) Panchnama, Post Mortem Report and Death Certificate.	
	In case of Permanent Disablement: b) 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:	
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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

Place :

Senior / Branch Manager

Date :

(Seal)

..... Branch

Counter Signed by

GENERAL MANAGER
(Seal)