

Pradhan Mantri Jeevan Jyoti Bima Yojana – Claim Form

- This form is to be completed by Claimant & Bank
- The benefit is payable subject to policy being in force & member being active as on the date of insured event and also subject to fulfillment of all terms and conditions as stated in the policy
- Submission of this form should not be construed as acceptance of claim
- In case nominee is minor, form to be completed by appointee
- Please fill up the form in capital letters

Member No. _____

1. Complete Address of the Bank :

I. Information of the Deceased Member Insured

- a. Name of the Deceased Member :
- b. Saving Bank Account number of the Deceased Member :
- c. AADHAR number of Deceased Member (if available) :
- d. Date of entry into scheme by member
- e. Date of reinstatement (If any):
- f. Date of death of Member :
- g. Cause of death :

II. Claimant's Information

- a. Name of Nominee:
- b. Relationship of Nominee with the deceased member:
- c. Mobile Number of Nominee:
- d. AADHAR Number of Nominee:
- e. Address of the Nominee:
- f. Savings bank A/c No. of the nominee:
- IFSC Code :

III. Declaration and Authorization

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.

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

(Signature / thumb impression of nominee)

.....Signed at(Place) Date

Declaration in case of an illiterate nominee/s should be made by a person who is unconnected to the company and whose identity can be easily established:

“ I hereby declare that the contents of this form are explained by me in _____ language understood by the claimant and that he/she has/have affixed his/her thumb impression to this form after fully understanding the contents thereof ” _____

(Signature of the Witness)

Name _____ Address _____ Contact _____

Declaration by Bank

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

PLACE _____

DATE: _____

(Signature of authorized official of the Bank)

Note: - Please attach the following with the Claim form

1. Original/Attested copy of Death Certificate issued by Municipal Authorities
2. NEFT mandate form/Copy of Bank passbook/ Cancelled cheque where name and account number of Nominee are printed.
3. Premium debit account statement of deceased member
4. First Information Report (In case of death due to accident)
5. Photo ID & address proof of the claimant (duly attested)

Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited (IRDAI Regn. No. 136)

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