

PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA – CLAIM FORM

(To be completed by the Claimant & Bank)

Annexure 6

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. :

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 Bima Yojana 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 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 _____ (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)

Seal

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 the LIFE INSURANCE CORPORATION OF INDIA, the 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 member Shri/Smt. _____, under LIC ID _____

Dated at _____ this _____ day of _____ 20

Witness: _____

Address: _____

Revenue
Stamp

(Signature of the Nominee)

Nominee Bank Account Details:

Nominee Name : _____

Name of the Bank : _____

Branch: _____

Address: _____

Aadhar No.of Nominee/Claimant : _____

Bank Account No. : _____

IFSC Code : _____

(Copy of cancelled cheque to be attached)

(Signature of the Nominee)

(Signature of the authorized Bank Official)

Seal