

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

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

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 8) The admissible Claim amount will be remitted to the Bank Account of the insured or the nominee, as the case may be.
- 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.
- 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.



Universal Sampo General Insurance Co. Ltd.

(A joint venture between Allahabad Bank, Sampo Japan Insurance Inc., Indian Overseas Bank, Karnataka Bank and Dabur Investments)
Regd. Office : Unit No. 401, 4th Floor, Sangam Complex, 127 Andheri Kurla Road, Andheri (East), Mumbai-400059

Bank Account Mandate for Direct Credit

(This form to be used for one time Customer payment only)

For legibility, please use BLOCK LETTERS in blank ink.

Universal Sampo Location: _____ Claim no: _____ Date: _____

Beneficiary Details (TO BE FILLED IN - BLOCK LETTERS ONLY) all fields are mandatory

Beneficiary Name : _____
(Should be same as in Bank) First Name Middle Name Last Name
Address : _____
(As per the policy) : _____
City : _____ Pin Code: _____
PAN No : _____ Date of Birth: ____/____/____ DD MM YYYY
Service Tax Reg No: _____ E Mail: _____
Phone No.(with STD code): _____ Mobile Number : _____

Bank Account Details (TO BE FILLED IN - BLOCK LETTERS ONLY) all fields are mandatory as per bank records

Bank Account Number : _____ Account Type: _____ (Savings/Current/Other etc)
Name of the Bank : _____
Bank Branch Name : _____ Bank Branch Code: _____
IFSC Code : _____ MICR Code: _____

(The above details are available on the face of the cheque *as per CTS-2010/06.2013*. If not, please speak to your branch and get the details / submit the copy of bank pass book where all the above details are available)

* I/we DO NOT wish to receive direct credits, but wish to receive payment by cheque. (Please ✓)

I hereby understand and confirm that:

- 1) The details given above are true and I have no objection for directly credits in the bank account mentioned above.
- 2) If the electronic credit is not effected, delayed or credited to a wrong account on account of incorrect or incomplete information provided, USGIC shall not be held liable now or in future for such losses.
- 3) In the event the credit is not effected by your Banker for any reason, USGIC reserves the right to make the payment through cheque. USGIC shall not make any payout either partially or wholly in the form of cash.
- 4) Enclosed copy of PAN OR certificate of Service Tax registration (if applicable for institutions).
- 5) Enclosed cancelled cheque as per CTS-2010 of the bank account mentioned above.
- 6) If wise to receive payments by cheque instead of direct credit, have appropriately ticked the check -box provided for this purpose.

Place: _____

Date: DDMMYYYY

Signature of Customer _____

Documents to be attached:

- Self attested copy of PAN Card OR Service Tax Regn certificate (if applicable for Institutions)
- Original cancelled Cheque (CTS- 2010) duly signed by insured

Inward stamp
with date

Verified by Company : YES / NO

Signature of Verifying Person: _____

Date: DDMMYYYY