

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.

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	
proved to		and complete in every respect and I agree that if any of the details given above are of compensation shall be forfeited. I also declare that I have not claimed the amount under PMSBY.
Dated:		Signature of the Claimant/Nominee.
For Office	Use:	
Policy No	umber:	Claim Number:
	_	erified. Premium was debited to the Bank Account onand
remitted to	o the insurer on:	



PRADHAN MANTRI SURAKSHA BIMA YOJANA (PMSBY) DISCHARGE VOUCHER

Claim No.: (to be filled by Ban	k)		Policy No.:					
Name of Bank / Branch:			Name of Insured	l:				
Bank Account No. of Insu	red:		Date:					
and final settlement of m	y/our	my claim referred above, I/We hereby accept from (claim arising out ofwhic						
I/We hereby voluntarily giv	ve dis	charge receipt to the Company in full and final set	ttlement of all my/	our claims present or futi	ure arising directly/indirectly in respect of			
		eby also subrogate all my/our rights and remedies t		•				
					One Rupee Rev.Stamp			
					Signature of the Nominee /Insured.			
Full Name:								
Address:	<u> </u>							
Address.								
Account No of Nominee:			Witness:					
Full Name			1111110001					
Address								
, radiooc								
Counter Signature of Authorised Official of the Bank								
Bank Name & Branch:								
Address:								