Annexure II to HO Cir. No. 121/2022 dated 16.06.2022

PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA (PMJJBY)
CLAIM-CUM-DISCHARGE FORM

(To be submitted preferably within 30 days of death of insured member)

To be filled by the nominee

(Or in case the nominee is a minor, his/her appointee[1], and in case of no nomination or the nominee pre-deceasing insured member, the claimant[2] legal heirs of the insured)

Part 1. Details of the deceased member enrolled under PMJJBY

(1) Name:

(2) Address:

(3) Name of Village /Town / City_____ Name of District_____

(4) Name of State _____PIN Code_____

(5) Bank account number:

(6) Date of death:

(7) Cause of death (accident[3], or any other: please specify):

(8) Document(s) attached as proof of death[4] (or, in case of death due to an accident within 30 days of joining the scheme, proof of accidental death[5]):

(9) Aadhaar number[6](Optional):

(10) Income-tax Permanent Account Number (PAN)[6] (Optional):

Part 2. Details of the nominee:

(or, in case the nominee is a minor, his/her appointee[1], and in case of no nomination or the nominee pre-deceasing insured member, the claimant[2] legal heirs of the insured)

1. Name of the nominee:
2. Age of nominee:
3. In case the nominee is a minor, name of the appointee[1]:
4. In case of no nomination or nominee pre-deceasing the insured member, name of the claimant[2]:
5. Proof of death[4] of nominee in case of nominee predeceasing the insured member:
6. Relationship of the nominee/claimant with the deceased:
7. Contact mobile number:
8. Contact email address:
9. Contact address:
10. Details of the nominee/appointee/claimant (as the case may be):
    (1) Particulars of bank account into which the claim amount is to be remitted:
        (a) Account number:
        (b) Name of bank:
        (c) Branch IFS Code:
    (2) Aadhaar number[6](Optional):
    (3) Income-tax PAN[6](Optional):
    (4) KYC document[7] attached as proof of identity:

I hereby declare that details submitted above are true to the best of my knowledge, the documents attached in support of this claim are genuine, and I have not claimed the amount payable under PMJJBY in respect of the deceased member named above earlier or in respect of any other account of the deceased with any bank or .

Date:

(Signature of nominee/appointee[1]/claimant[2])

Attached documents:

(1) Proof of death[4] of the insured member (Proof of death due to accident if death is within 30 days of joining / rejoining the policy)
(2) Aadhaar number and PAN number[6] of deceased member and nominee / appointee / claimant (Optional)
(3) KYC document[7] in respect of the nominee / appointee / claimant
(4) First two pages of passbook, or bank / account statement showing account details, or cancelled cheque of the account of nominee / appointee / claimant.
(5) Proof of death[4] of nominee, in case the nominee has predeceased the insured member
(6) Proof of claimant being the legal heir, in case claimant is other than nominee/appointee
(7) Advance receipt for discharge of claim, duly filled in and signed

To be filled by the bank from enrolment data or data of bank

Part 3: Details in respect of the deceased insured member

1. Bank account number (as per bank's CBS records):
2. Bank name:
3. Branch name:
4. Branch IFS Code:
5. Name of father/husband of the deceased member:
6. Date of birth (as per KYC document):
7. Name of the insurer:
8. Name of the nominee:
9. Date of debit of premium from the bank account:
10. Date of remitting the premium into insurer's account:

It is certified that the above information is true as per PMJJBY enrolment data and bank records.

Place:
Date:

(Signature and seal of the authorised official of the bank)

PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA
Advance receipt for discharge of claim

In consideration of approval of my claim referred above, I hereby accept from Life Insurance Corporation of India (LICI) the sum of Rupees Two lakh only, in full and final settlement and discharge of my claim under the said policy covering insurance in respect of member Shri/Ms _____.

Signature of the witness
Name of witness:
Address:

Signature of nominee/appointee/claimant
Date:

Countersignature of authorised official of the bank
Date:
Name:
Name of bank:
Branch:
Office stamp:

Useful information for claimants

[1] The appointee is the person named by the deceased member in his PMJJBY enrolment form where the nominee is a minor.

[2] A claimant where there is no nomination or the nominee has predeceased the insured member shall be one who is a legal heir and submits a succession certificate or legal heir certificate issued by a competent court or authority.

[3] Accident means a sudden, unforeseen and involuntary event caused by external, violent and visible means. No claim shall be payable in case of death occurring within 30 days from the date of joining/rejoining the policy, except in case of death due to accident.

[4] **Document in support of proof of death may be any of the following:**

(i) Death certificate (issued by the registrar of births and deaths appointed by the state government for the local area)

(ii) Hospital discharge summary/certificate in respect of the deceased person, specifying his/her name, father's/husband's name, address and the date, time and cause of death

(iii) Certificate issued by the last attending Registered Medical Practitioner (doctor registered with the Indian Medical Council) in respect of the deceased person, specifying his/her name, father's/husband's name, address and the date, time and cause of death, which should be countersigned with his/her seal by a Gazetted officer of the Central or the State Government or by an officer of the deceased accountholder's bank or any public sector bank or any public sector insurer

(iv) Certificate issued in respect of the deceased person by the District Magistrate / Collector / Deputy Commissioner of the district concerned, or by any Executive Magistrate (Additional District Magistrate, Sub-Divisional Magistrate, Tehsildar/Talukdar etc.) authorised by him/her, in the form prescribed in the claim settlement procedure for the scheme

[5] **Document in support of death due to accident may be any of the following:**

(1) Any of the documents listed above for proof of death[4], along with (a) FIR or *panchnama* and (b) the *post mortem report*

(2) Certificate issued in respect of the insured member by the District Magistrate / Collector / Deputy Commissioner of the district concerned, or by any Executive Magistrate (Additional District Magistrate, Sub-Divisional Magistrate, Tehsildar/Talukdar, etc.) authorised by him/her, in the form prescribed in the claim settlement procedure for the scheme

(3) In case of death due to accidents such as snake bite/ fall from tree, etc., hospital record specifying the deceased member's name, father's/husband's name, address and the date, time and cause of death in lieu of (a), (b) and (c) above.

[6] This information is desirable but not mandatory.

[7] Document in support of identity of nominee / appointee / claimant may be Aadhaar card or electoral photo identity card [EPIC] or MGNREGA card or driving license or PAN card or passport