

CLAIM FORM

IndiaFirst Pradhan Mantri Jeevan Jyoti Bima Yojana

(to be completed by the Claimant & Bank)

POLICY NO. :

NAME OF THE SCHEME :

FULL NAME AND ADDRESS OF THE BANK :

NAME OF THE DECEASED MEMBER :

SAVINGS BANK ACCOUNT NO. OF DECEASED MEMBER:

AADHAR NO. OF DECEASED (if available): DATE OF ENTRY INTO SCHEME BY MEMBER :

DATE OF DEATH OF MEMBER : CAUSE OF DEATH :

NAME OF NOMINEE * : RELATIONSHIP OF NOMINEE:

ADDRESS OF THE NOMINEE :

MOBILE NO. OF THE NOMINEE: AADHAR NO. IF AVAILABLE:

DETAILS OF SAVINGS BANK ACCOUNT OF NOMINEE:

IFSC CODE: SAVINGS BANK ACCOUNT NO. :

We hereby certify that the above member was covered under the IndiaFirst Pradhan Mantri Jeevan Jyoti BimaYojana Scheme and premium was debited from his bank account on the renewal date prior to his death and remitted to IndiaFirst Life Insurance Company Limited. We also certify that as per our records, Shri/Smt. is the nominee of the above insured Member for

*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 IndiaFirst Pradhan Mantri Jeevan Jyoti BimaYojana Scheme and premium was debited from his bank account on the renewal date prior to his death and remitted to IndiaFirst Life Insurance Company Limited. We also certify that as per our records, Shri/Smt. is the nominee of the above insured Member for

PLACE:

DATE:

SEAL

DISCHARGE RECEIPT FOR PAYMENT UNDER

IndiaFirst Pradhan Mantri Jeevan Jyoti Bima Yojana Scheme

Policy No:

Name of the Bank:

I/We, do hereby acknowledge receipt from the IndiaFirst Life Insurance Company Limited., a 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 Mr./Ms. , covered under this scheme under Savings Bank Account No., .

Dated at this day of 20

Witness:

Revenue
Stamp

(Signature of the Nominee* /Claimant)

Details of nominee / appointee (in case nominee is minor):

Name :

MOBILE NO. OF THE NOMINEE: E-mail Id:

AADHAR NO. OF DECEASED (if available): Bank Account No. :

Name of the Bank : Branch:

Address:

IFSC Code :

{Copy of cancelled cheque to be attached (if available)}

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

(Signature of the Nominee* /Claimant)