

CLAIM FORM

IndiaFirst Pradhan Mantri Jeevan Jyoti Bima Yojana

(to be completed by the Claimant & Bank)

1. NAME OF THE SCHEME : IndiaFirst 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 along with a duly executed discharge form.

*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 Bima Yojana 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: _____

(Signature of authorized official of the Bank)

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. : _____ E-mail Id: _____

Aadhar Number (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)