Claim Form for Credit Life

The Claim form must be filled by the claimant/beneficiary appointee/legally entitled person under the policy
The Form is to be filled in one color by one person is single ink only
All documents required to process the claim should be sent to "Claims Entity" mentioned in the page below
All supporting documents to be self - attested by nominee

Photograph of Claimant

Documents to be Submitted

Mandatory Documents	Additional documents* to be submitted
1. Copy of valid death certificate issued by local authority 2. Doctor's Certificate (From the family physician or treating doctor) preferably in the standardized PNB MetLife format 3. Current address proof of the nominee 4. Photo identity proof of the nominee 5. PAN Card/ Form 60 of the nominee 6. Cancelled cheque/ Copy of bank passbook 7. Authorization letter from the claimant in case the claim intimation is received through third party for claims received at the branch/GPH 8. Legal heir/Succession certificate in case of absence of nominee 9. Loan outstanding statement as on date of death from the Bank attested by the Bank official 10. Nominee declaration statement in the standardized format in case authorization from life assured was not taken at the proposal stage (Old policies)	**Natural death/ death due to illness** 1. Complete Medical records (Admission notes & Discharge / Death summary & Test / investigation reports etc.) for any treatment taken in past or at the time of death **Accidental Death** 1. Copy of FIR, Panchnama, Inquest report, Postmortem report 2. Obituary/ Newspaper cutting (if available) 3. Viscera / Chemical analysis report (if applicable) 4. Final police investigation report **Note**: - • Please mask first 8 digits of Aadhaar number if Aadhaar Card is submitted as KYC proof with the request • *PNB MetLife reserves the right to call for any additional documents /evidence apart from the given below, if required

1. POLICY NOS _____

(Please mention all policy numbers with PNB MetLife India Insurance Co. Ltd)

2. CLAIMANT DETAILS

Name:_____ Date of Birth: D D M M Y Y Y Y Gender: ☐ Male ☐ Female

Relationship with Life Insured:_____ Mobile / Landline number: _____

Nationality: ☐ Indian ☐ Non-Resident Indian ☐ Foreign National If a Non-Resident Indian or Foreign National, please mention the country you reside in _____

Current Address: _____

Email ID:_____ PAN No./Form 60: _____

*Aadhaar number: X X X X X X X X _ _ _ _ *Only last 4 digits to be mentioned.

Preferred mode of Communication ☐ Email ☐ Letter (if email is selected, no physical letters will be sent)

3. BANKING DETAILS

Bank Account No.:_____ Account holder name:_____

Bank Name:_____ Branch Name:_____ State: _____ PIN Code:_____ Account Type: ☐ Saving ☐ Current ☐ NRO ☐ NRI_____

MICR: _ _ _ _ _ _ _ _ _ IFSC: _ _ _ _ _ _ _ _ _ _ _

4. LIFE INSURED DETAILS

Name of the life insured:_____ Date of Death: D D M M Y Y Y Y

Time of Death: AM/PM H H M M Place of Death: ☐ Home ☐ Hospital ☐ Office ☐ Others (please Specify Others / Hospital name) _____

Cause of Death: ☐ Accident ☐ Murder ☐ Suicide ☐ COVID 19 ☐ Natural Calamity ☐ Heart Disease ☐ Kidney Disease ☐ Liver Disease ☐ Cancer ☐ Others (please specify) _____

5. NATURE OF ILLNESS & HABITS	Date of Diagnosis
☐ Hypertension ☐ Diabetes ☐ Asthma ☐ Tuberculosis ☐ Heart ☐ Cancer ☐ Others (please specify) _____	
☐ Smoking ☐ Alcohol ☐ Tobacco ☐ Drugs- if yes, duration of consumption_____ Quantity consumed_____(Per-Day/Week/Month).	

6. EMPLOYER/BUSINESS/OCCUPATION DETAILS

Last Employer's name/Business/Occupation: _____

Nature of work/designation: _____

_____

Employment/Business/Occupation Address: _____

State:_____ PIN Code:_____ Mobile / Landline number: _____

DEATH CLAIM ACKNOWLEDGEMENT SLIP

PNB MetLife Insurance Co. Ltd_____,_____,_____,_____,

Name of claimant _____

Branch name & code _____

Date:_____ **Employee name & Code** _____

Company Seal &Stamp with Dateand time

Documents Submitted:

- ☐ **Claimant's photo identity proof**
- ☐ **Claimant's Current address Proof**
- ☐ **Cancelled cheque / Copy of bank passbook)**
- ☐ **Copy of death certificate issue by local authority**
- ☐ **Medical Documents (if any)**
- ☐ **Doctor's certificate (From the family physician or treating doctor)**
- ☐ **Authorization letter from the claimant and Webcam photo of the person in case the claim intimation is received through third party**
- ☐ **Loan outstanding statement as on date of death from the Bank attested by the Bank official**
- ☐ **Legal heir/Succession certificate in case of absence of nominee**
- ☐ **PAN No./ Form 60**

This acknowledgement slip should not be construed as acceptance of the claim. The Company reserves its right to call additional documents, information and any further requirements necessary in order to decide on processing of the claim.

7. NAME, ADDRESS AND CONTACT DETAILS OF ALL/DOCTORS/HOSPITAL WHERE THE LIFE INSURED WAS TREATED WITHIN THE LAST 5 YEARS PRECEEDING THE DEATH

Name of Doctor/ Hospital	Address and Contact Details	Disease /Condition Treated For	Treatment Dates (From- To)

8. DETAILS OF OTHER INSURANCE/MEDICLAIM POLICIES/POLICIES FROM EMPLOYER OF THE LIFE INSURED

Name of Life Insurance Company	PNB MetLife Insurance Co. Ltd	Policy Commencement Date	Coverage Amount (Rs.)	Claim Submitted

Declaration and Authorization

I/We, the above-named Claimant (s), do solemnly declare that the above answers and statements are true in all respects, and I/We further agree that in furnishing claim form PNB MetLife has not admitted any liability or waived any of its rights.

I/We hereby authorized the physician/Doctors or hospitals, medical centers, who as attended upon or examine or treated the aforesaid deceased person/insured for any aliment or illness or other Insurance Company which issued policies to the aforesaid deceased person/insured, present/past employers or business associates of the life insured, Birth and Death Registrar, Diagnosis centers wherein the life insured underwent personal/official/Insurance related medical tests to divulge or share any knowledge or information or documents regarding the deceased's state of health or other details which he/they may have acquire whether before and after the policy was issued by PNB MetLife. A photocopy of this authorization shall be considered as effective and valid as the Original. Since the said coverage was procured by Late_____for the purpose of securing outstanding under a load availed by him/her from_____Bank/GPH, I request you to pay Rs._____to Bank/GPH towards the load outstanding as on the date of death. Any balance after payment of the outstanding may be paid in my name.

I/We hereby further consent, and authorize, PNB MetLife to use and disclose any of the personal and sensitive information of mine/our collected or available with PNB MetLife (whether contained in this statement or obtained otherwise) which may include KYC document to any individual / organization / entity associated or affiliated with or engaged by PNB MetLife including reinsures, claim investigative agencies, vendors and industry associations/federations, for the purpose of processing this claim and/or for providing subsequent services.

Indemnity/Undertaking/Warranty and Representations by the Claimant in lieu of original policy bond and document

I irrevocably inure, acknowledge, represent and undertake to the Company that the original policy contract is not pledged, mortgaged, assigned or otherwise created any adverse lien, title, interest over it either by the policyholder or by the legal heirs and I further undertake to destroy it as a null and void document post receipt of the full and final payment of the claim under the policy from the Company. I further undertake that the Company stands indemnified by me against all losses, claims whatsoever arising out of anything in relation to the dispensation of original policy contract or the representations/warranties herein. I completely understand and agree with the Company that it shall stand conclusively discharged from all the obligations arising out of this policy/ies upon making the payment to me, nominee, legal heir or successor of the policyholder/life assured.

I hereby acknowledge and agree that any incorrect, false, or misleading or deficit information furnished by me may result in the rejection of claim or the recovery of claim proceeds with cost and compensation as the case may be apart from civil and criminal liability on me and my assets.

Signature / Left thumb Impression/Claimant/ Nominee **Date:**

Declaration by the person filling in the Claim form. (In case the Claim form is filled up / signed in a language different from that of application form)

I hereby declare that I have fully explained the contents of the Claim form to the claimant in the language understood by him/her. The same have been fully understood by him/her and the replies have been recorded as per the information provided by the claimant and the replies have been read out to, fully understood and confirmed the claimant

The content of the form and document have been fully explained to me and that I have fully understood the content mentioned herein and its significance for the proposed Claim

Name of Witness/Declarant: _____ **Signature of Witness/Declarant:**

Address of Witness/Declarant _____

Contact number of Witness/ Declarant: _____ **Claimant relation with Witness/ Declarant:** _____

Date: _____ **Place:** _____

Terms and Conditions:

1) The submission of the filled-up claim form, along with the required mandatory documents, is not to be constructed as an admission of liabilities of our Company under the policy. No agent/intermediary has been or is authorized to admit any liabilities on behalf of the Company.
2) Early submission of this form along with the required mandatory documents, as provided below, will enable us to process your claim faster. PNB MetLife shall not be responsible for any delay in the processing of the claim on account of submission of incomplete claim form and/or non-submission of the mandatory documents.

For Office Use Only

Branch to Affix **the date and time stamp** here with details of OSV/ASV with signature of Branch Service Associate

Policy No.: _____

HO, Claims to Affix the date seal here.

(Time, if received directly.)

Credit Account Statement Form
(Below points should be mandatorily filled by the Bank official)

S No.	Particulars	Filled by GPH
1	Name of the Group Master Policy Holder	
2	Group Master Policy Number	
3	Name of Insured Member	
4	Loan Account Number	
5	Loan Disbursement Date	
6	Risk-commencement Date	
7	Sum Assured	
8	Original amount of Loan	
9	Outstanding Loan balance amount as on the date of death	
10	Balance Claim amount (difference of sum assured and outstanding amount as on date of death)	
11	Particulars of the recoveries made by the master policy holder towards the Loan. (Debit and Credit entries made in the Loan account)	

We hereby declare that the above-mentioned information's are verified for accuracy

Stamp, Date and Signature of the Bank Official