

Claimant's Statement for Death Claim (SSG & Affinity)

Group Policy Number	
Group Policy Holder Name	
Member number	
Date of Joining the Policy	
Certificate Number	
Loan disbursal date	
Outstanding loan as of date of death of member	

Details of the Insured Member:

Full name		
Residential Address		
Form 60	PAN No.	
Gender	Male Female	Age at death:
Nature of occupation		
Date of birth (as per records)		
Date of death and Time of Death		
Cause of death		
Place of death		

In case of death due to illness

When and where did the insured member give first indication of falling ill	
Date and type of illness	
Treatment given	
Name, Address & Phone No. of the Doctor consulted the insured during last illness	
Name & Address of the Hospital where the insured undergone treatment for the last illness	

In case of death due to Accident: FIR and PMR (attested by GPH) needs to be filed along with claim documents

Date and Time of accident	
Details of accident	
Address of Police Station to which the accident was reported	
FIR number	
Name & Address of the Hospital from which the Post-mortem was Conducted	

Details of Claimant/Nominee

Name of the claimant	
Relationship with the insured and % of Share	
Address of the claimant	
Contact details	

Email and phone number		
Claimant/Nominee's Bank details		
Bank Name and complete address		
Account type	Savings	Current
Bank account number		
MICR code:		IFSC Code:

Declaration from Claimant / Nominee

I/We _____ hereby declare that, I am/we are the nominee/s /legal heir/s of Late Mr. / Mrs. _____ who is the life assured in the above policy.

I/We hereby irrevocably agree and undertake that, upon payment of the amount payable under the policy, PNB MetLife India Insurance Company Ltd. shall stand conclusively discharged from all its liabilities in relation to the insurance cover of the deceased member arising out of the above policy. I/We hereby authorize the physician/Doctor/s, hospitals, medical centers, etc. who had attended upon or examined or treated the aforesaid deceased person/insured for any ailment or illness, Insurance Companies who had 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 available with them or other details which he/they may have acquired whether before or after the issuance of the policy by PNB MetLife.

A photocopy of this authorization shall be considered as valid as original. Since the said coverage was availed by Late _____ for the purpose of securing outstanding due and payable under a loan availed by him/her from _____ Bank/Financial Institution/GPH, I/We request you to pay Rs. _____ to Bank/ Financial Institution/ GPH towards discharge/partial discharge of the loan outstanding. Any balance post payment of the said outstanding may be paid in my/our name.

I/We undertake to refund any amount which is credited to my/our account either in excess or which is not due to me/us, at any time, for any reason and to this effect. I hereby confirm that the particulars mentioned here are true, correct and complete in all respects. I/We hereby further consent, and authorize, PNB MetLife to use and disclose any of the information including sensitive and personal data or information of mine/ours' collected or available with PNB MetLife (whether contained in this statement or obtained otherwise) which may include my/our KYC documents 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/ Thumb impression of Claimant/s _____

Date: _____

Declaration to be made by third person where the claimant has affixed his/her thumb impression/has signed in Vernacular I hereby declare that, I have explained the contents of this application form to the claimant/s in _____ Language known to him/her/ them and have truly recorded the answers provided to me. I further declare that the Claimants has signed/affixed his/her/their thumb impression in my presence.

Name: _____

Contact No. _____

Signature _____

DECLARATION FROM MASTER POLICY HOLDER	
a) Sum Assured for which insured covered under Group Policy	
b) Original amount of Loan	
c) Particulars of the recoveries made by the Master Policy Holder towards the Loan	
d) Outstanding Loan amount as on Date of Death of Member	
e) Balance claim amount (Amount payable to Nominee)	

We hereby declare that, Late _____, whose Death Certificate is attached hereto was a member of the Group Policy referred above. We hereby confirm that, the particulars mentioned above are true, correct and complete in all respects. We undertake to refund any amount which got credited to our account either in excess or not due to us, at any time, for any reason.

Verified & Recommended by _____

Group Policy Holder Name [Company Seal]

Name:

Signature of the official

Date: