



**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

**9. Nominee details: Please provide the following details pertaining to Nominee/s for Life Insurance Benefit as per records:**

Particulars	Nominee 1	Nominee 2	Nominee 3
Name of Nominee			
Relationship with Life Assured			
Benefit Share in %			
Bank Name and Branch			
*Bank Account Number			
Account Holder Name			
Account Type (Savings/Current/NRO/NRI)			
IFSC Code			
Address of Nominee			
Contact No.			
Email ID			
Signature of the Nominee			

\*For Bank Details provided, cancelled cheque /copy of bank passbook to be 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 ailment 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 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:**

- 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.
- 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**