

Claim Form for Death Claim

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 in 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

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. Cancelled cheque / Copy of bank passbook 6. Authorization letter from the claimant in case the claim intimation is received through third party for claims received at the branch/GPH 7. Legal heir/Succession certificate in case of absence of nominee Note: - Please mask first 8 digits of Aadhaar number if Aadhaar Card is submitted as KYC proof with the request	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

*PNB MetLife reserves the right to call for any additional documents / evidences 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
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 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	X	X	X	X	X	X	X	X	X	X	X	X
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 *Only last 4 digits to be mentioned.
 Preferred mode of Communication Email Letter (if email is selected, no physical letters will be sent)
Note: - In case of Multiple Claimant's/Nominee's, please provide the details in Point 9

3. BANKING DETAILS

Bank Account No.: _____ Account holder name: _____
 Bank Name: _____ Branch Name: _____ State: _____ PIN Code: _____ Account Type: Saving Current NRO NRI
 MICR:

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 IFSC:

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Payout option: Lump sum Regular Payment Annuity (Options are subject to applicable Terms & Conditions of the Policy.)

4. LIFE INSURED DETAILS

Name of the life insured: _____ Date of Death:

D	D	M	M	Y	Y	Y	Y
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 Time of Death: AM/PM

H	H
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M	M
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 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
<input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Heart <input type="checkbox"/> Cancer <input type="checkbox"/> Others (please specify) _____	
<input type="checkbox"/> Smoking <input type="checkbox"/> Alcohol <input type="checkbox"/> Tobacco <input type="checkbox"/> Drugs- if yes, duration of consumption _____ Quantity consumed _____ (Per-Day/Week/Month).	

6. EMPLOYER/BUSINESS/OCCUPATION DETAILS

Last Employer's name/Business/Occupation: _____
 Last working day: _____
 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 _____

Documents Submitted:

<input type="checkbox"/> Claimant's photo identity proof	<input type="checkbox"/> Claimant's Current address Proof
<input type="checkbox"/> Cancelled cheque / Copy of bank passbook)	<input type="checkbox"/> Copy of death certificate issue by local municipal authority
<input type="checkbox"/> Medical Documents (if any)	<input type="checkbox"/> Doctor's certificate (From the family physician or treating doctor)
<input type="checkbox"/> Authorization letter from the claimant and Webcam photo of the person in case the claim intimation is received through third party	

Company Seal & Stamp with Date and time

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 / HOSPITALS 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
				Yes/No
				Yes/No
				Yes/No

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 authorize the physicians/doctors or hospitals, medical centers, who has attended upon or examined or treated the aforesaid deceased person/insured for any ailment or illness or other Insurance Companies which issued policies to the aforesaid deceased person/insured, present/ past employers or business associates of the life insured, Birth and Death Registrar, Diagnostic 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 or after the policy was issued by PNB MetLife. A Photocopy of this authorization shall be considered as effective and valid as the Original.

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 documents to any individual / organisation / entity associated or affiliated with or engaged by PNB MetLife, including reinsurers, 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 of 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 construed 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.)