DISABILITY CLAIM FORM

POLICY NUMBER									

Mandatory Documents: -

- Doctor's Certificate (From the family physician or treating doctor) preferably in the standardized PNB MetLife format
- Discharge Summary confirming the surgery undergone
- All past medical records for any treatment taken
- Cancelled cheque / Copy of bank passbook
- PAN Card/ Form 97 of the life assured
- Current address and Identity proof of the life assured

CLAIMANT DETAILS:

Name of the Insured: _____

Address: _____

Contact No.: _____ E-mail Address: _____

Bank Account Number of the Claimant*: _____
(favoring which the claim cheque is to be issued)

Name & Address of the Bank*: _____

DETAILS OF THE DOCTOR/HOSPITAL TREATED THE INSURED FOR DISABLITY:

Name of the Doctor: _____

Name of the Hospital: _____

Address: _____

Contact No.: _____ E-mail Address: _____

SPECIFY WHICH DISABILITY IS APPLICABLE (List as per Policy Definitions):

❒ Loss of sight of one Eye ❒ Loss on use of one Limb ❒ Loss of sight of both the eyes

❒ Loss of Hearing ❒ Loss of use of two limbs ❒ Loss of one limb & loss of sight of one eye

❒ Loss of speech and hearing ❒ Loss of Speech

Note: *In case of disability due to Accident, kindly fill additional Doctor's Certificate available for Accidental Disability*

DETAILS OF ACCIDENT:

Cause of Accident: _____

Date of Accident: _____

Is FIR lodged: ❒ Yes ❒ No

If "yes" please attach the copy of Accident: _____

HISTORY

Date of appearance of first symptoms: _____

Have you ever had the similar condition in past: ❒ Yes ❒ No

(If "yes," state when and provide details): _____

_____

PRESENT CONDITION:

Present symptoms: _____

Findings (include results of current X-rays, ECGs or any other special tests): _____

_____

TREATMENT:

Date of first visit to Hospital/Doctor in this regard: _____

OP Number/Hospital No/Indoor Patient No.: _____

Date of last visit: _____ Frequency of visits (Weekly/Monthly/Other): _____

Date of Last examination: _____

PROGRESS:

❒ Recovered ❒ Improved ❒ Unimproved ❒ Retrogressed

DECLARATION:

I do hereby declare that all the above statements are true and complete. I understand that in furnishing claim form PNB MetLife has not admitted liability or waived any of its rights. I hereby authorize the physician or hospital who has attended upon or examined or treated me for any ailment or illness to divulge any knowledge or information regarding my state of health which he/they may have acquired whether before or after the policy was issued by PNB MetLife.

I/We hereby further consent, and duly authorize, PNB MetLife to use, store, share, transfer and disclose any of the personal and sensitive information of mine/our collected or available with PNB MetLife (whether contained in this document or obtained otherwise) which may include but not limited to my KYC documents to any individual / organization / 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.

Signature/Left Thumb impression of claimant: _____ Date: _____

Name & Signature of Witness: _____ Date: _____

Address of Witness:

_____

Signature of the Witness:

DECLARATION TO BE MADE BY A THIRD PERSON

The Policyholder has affixed his/her thumb impression/has signed in vernacular/has not filled the application. I hereby declare that the content of this application form has been explained to the Policyholder in _____ language and have truthfully recorded the answers provided to me. I further declare that the Policyholder has signed/affixed his/her thumb impression in my presence.

Name of the Declarant: _____

Claimant relation with Declarant: _____

Address: _____

Contact Number of Declarant: _____

Date: | D | D | M | M | Y | Y | Y | Y |

Place:

Signature of Third person

Sign Here

CUSTOMER ACKNOWLEDGEMENT COPY

Policy No.: _____ Claimant Name: _____

Branch Name / Intimation Number: _____ Claimant Client ID: _____

Employee Name: _____ Date: _____

Employee Signature: _____ Employee Code: _____

IRDAI Registration No. _____

Branch Stamp

LIST OF OFFICIALLY VALID DOCUMENTS – IDENTIFY AND ADDRESS PROOF (Please tick any one document submitted)

☐ Voter ID Card ☐ Valid Passport ☐ Valid Driving License

☐ Aadhar Card* ☐ NREGA card (National Rural Employment Guarantee Act)

Please note PAN/Form 97 is mandatory for all cases.

*I voluntarily provide my consent to use my Aadhar to conduct identity check towards KYC compliance by PNB MetLife India Insurance Co. Ltd

NOTE: CLAIMANT NEFT MANDATE/ BANK ACCOUNT DETAILS

- A cancelled personalized cheque with account no. and IFSC should be submitted along with the NEFT mandate. If the cheque is not personalized, a latest bank statement or copy of passbook (where account number and IFSC is mentioned) needs to be submitted with the mandate.
- This mandate, upon processing, will override any of the previously tagged NEFT mandates for all policies, held by the client with PNB MetLife India Insurance Co. Ltd.
- In case of NEFT failure or any further requirements pending on the mandate, payout will be kept on hold till fresh NEFT mandate is received. Intimation will be sent to you for the same.
- #Refund to NRE account (full or proportionate) will be subject to a ratio of premium(s) paid through NRE Account. Please submit a Bank Statement or Bank Confirmation letter as evidence for premium(s) paid through NRE account.
- In case of a proportionate payout, please provide two NEFT mandates i.e. for the NRE account and Non-NRE account.