

Simplified Claim Form

Name of the Life Assured	
Policy number/s	
Date of death	
Cause of death	
Claimant details:	
Name	
Relationship with the Life Assured	
Bank name & account number	
Contact number	
Full address	

Declaration: 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 of the claimant:

Date:

Place:

Documents required:

- Death certificate or Report issued by police/ armed forces or confirmation of death issued by local government
- Nominee ID, residence proof & account details or bank certificate of the nominee
- Simplified claim form (Format as above)