

PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA – CLAIM FORM

(to be completed by the Claimant & Bank)

1. NAME OF THE SCHEME : Pradhan Mantri Jeevan Jyoti Bima Yojana
2. POLICY NO :
3. FULL NAME AND ADDRESS OF THE BANK : Suvarnayug Sahakari Bnak Ltd
1102/10/11, Marne Height, Pune 411 002.

4. FULL NAME OF THE DECEASED MEMBER : LIC ID :
5. DATE OF ENTRY INTO SCHEME BY MEMBER :
6. DATE OF DEATH OF MEMBER :
7. WHETHER DEATH IS DUE TO ACCIDENT : YES / NO,
If Yes, submit documentary proof
8. WAS THE MEMBER COVERED AS ON THE DATE OF DEATH AND PREMIUM DEBITTED ON THE RENEWAL DATE :
9. Name of the Nominee :

We hereby declare that the answers to all the above questions are true in every respect. We enclose **Death Certificate** as the proof of death of the Member.

(Signature of the Nominee)

We hereby certify that as per our records, Shri/Smt. _____ is the nominee of the above insured Member.

PLACE _____

DATE : _____
Bank)

(Signature of authorized official of the

Seal

Encl: Death Certificate, Discharge Form, Certificate of Insurance,
In case of death due to Accident, FIR, PMR, Panchanama also shall be submitted.

DISCHARGE RECEIPT FOR PAYMENT UNDER PMJJBY SCHEME

Policy No:

Name of the Bank : Suvarnayug Sahakari Bnak Ltd

I/We, _____

Do hereby acknowledge receipt from the LIFE INSURANCE CORPORATION OF INDIA, the sum of Rs.2,00,000/- (Rupees Two lakhs only) in full satisfaction and discharge of all our claim/s under the above Policy on the life of member Shri/Smt. _____, under LIC ID _____

Dated at _____ this _____ day of _____ 20

Witness: _____

Revenue
Stamp

(Signature of the Nominee)

Nominee Bank Account Details :

Nominee Name : _____
Name of the Bank : _____ Branch : _____
Address : _____

Aadhar No.of Nominee/Claimant (if Available) : _____
Bank Account No. : _____
IFSC Code : _____

(Copy of cancelled cheque to be attached)

(Signature of the Nominee)

Seal

(Signature of the authorized Bank Official)