



Annexure -II

**PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA (PMJJBY)
CLAIM-CUM-DISCHARGE FORM**

(To be submitted preferably within 30 days of death of insured member)

To be filled by the nominee

(or in case the nominee is a minor, his/her appointee¹, and in case of no nomination or the nominee pre-deceasing insured member, the claimant² legal heirs of the insured)

Part 1.Details of the deceased member enrolled under PMJJBY

- (15) Name:
- (16) Address:
- (17) Name of Village /Town / City----- Name of District-----
- (18) Name of State-----PIN Code-----
- (19) Bank account number:
- (20) Date of death:
- (21) Cause of death (accident³, or any other: please specify):
- (22) Document(s) attached as proof of death⁴ (or, in case of death due to an accident within 30 days of joining the scheme, proof of accidental death⁵):
- (23) Aadhaar number⁶(Optional):
- (24) Income-tax Permanent Account Number (PAN)⁶ (Optional):

Part 2. Details of the nominee:

(or, in case the nominee is a minor, his/her appointee¹, and in case of no nomination or the nominee pre-deceasing insured member, the claimant² legal heirs of the insured)

11. Name of the nominee:
12. Age of nominee:
13. In case the nominee is a minor, name of the appointee¹:
14. In case of no nomination or nominee pre-deceasing the insured member, name of the claimant²:
15. Proof of death⁴ of nominee in case of nominee predeceasing the insured member:
16. Relationship of the nominee/claimant with the deceased:
17. Contact mobile number:
18. Contact email address:
19. Contact address:
20. Details of the nominee/appointee/claimant (as the case may be):
 - (5) Particulars of bank account into which the claim amount is to be remitted:

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- (d) Account number:
- (e) Name of bank:
- (f) Branch IFS Code:
- (6) Aadhaar number⁶(Optional):
- (7) Income-tax PAN⁶(Optional):
- (8) KYC document⁷ attached as proof of identity:

I hereby declare that details submitted above are true to the best of my knowledge, the documents attached in support of this claim are genuine, and I have not claimed the amount payable under PMJJBY in respect of the deceased member named above earlier or in respect of any other account of the deceased with any bank or post office.

Date:

(Signature of nominee/appointee¹/claimant²)

Attached documents:

- 8. Proof of death⁴ of the insured member (Proof of death due to accident if death is within 30 days of joining / rejoining the policy)
- 9. Aadhaar number and PAN number⁶ of deceased member and nominee / appointee / claimant (Optional)
- 10. KYC document⁷ in respect of the nominee / appointee / claimant
- 11. First two pages of passbook, or bank account statement showing account details, or cancelled cheque of the account of nominee / appointee / claimant.
- 12. Proof of death⁴ of nominee, in case the nominee has predeceased the insured member
- 13. Proof of claimant being the legal heir, in case claimant is other than nominee/appointee
- 14. Advance receipt for discharge of claim, duly filled in and signed

To be filled by the branch from enrolment data.

Part 3: Details in respect of the deceased insured member

- 11. Bank account number (as per bank's CBS records):
- 12. Bank name:
- 13. Branch name:
- 14. Branch IFS Code:
- 15. Name of father/husband of the deceased member:
- 16. Date of birth (as per KYC document):
- 17. Name of the insurer:
- 18. Name of the nominee:
- 19. Date of debit of premium from the bank account:
- 20. Date of remitting the premium into insurer's account:

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It is certified that the above information is true as per PMJJBY enrolment data and bank records.

Place:

Date:

(Signature and seal of the authorized official of the bank)

If the enrolment takes place during the months of

- For enrolment in June, July and August – Full Annual Premium of Rs.436/- is payable.
- For enrolment in September, October, and November – pro rata premium of Rs. 342/- is payable
- For enrolment in December, January and February – pro rata premium of Rs. 228/- is payable.
- For enrolment in March, April and May – pro rata premium of Rs. 114/- is payable.

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Saptagiri Gramina Bank
(Public Sector RRB : Sponsored by Indian Bank)

సప్తగిరి గ్రామీణ బ్యాంక్
(ప్రభుత్వ రంగ సంస్థ : ఇండియన్ బ్యాంక్ వలన ప్రయోజితం)

सप्तगिरि ग्रामीण बैंक
(सार्वजनिक क्षेत्र आरआरबी : इंडियन बैंक द्वारा प्रायोजित)

PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA
Advance receipt for discharge of claim

In consideration of approval of my claim referred above, I hereby accept from _____
(name of the insurer) the sum of Rupees two lakh only, in full and final settlement and
discharge of my claim under the said policy covering insurance in respect of member
Shri/Ms _____.

Signature of the witness

Name of witness:

Address:

Signature of nominee/appointee/claimant

Date:

Countersignature of authorised official of the bank

Date:

Name:

Name of bank:

Branch:

Office stamp:

Head Office: 19-565/11, 3rd floor, Sai Yashus, Chittoor-517002, Phones: 233595, 232535, Email:
svgbhoctr@yahoo.co.in, Website: www.saptagirigrameenabank.in

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Annexure-III

**Check List for banks for settlement of PMJJBY claims by partner insurer
(All appropriate documents to be verified and checked by the bank and blanks to be filled up)**

01	Name of the Account Holder (Insured member)	
02	Bank account number	
03	To check and confirm that the date of death falls within the policy period	
04	Date of debit of premium to the bank account on: (Copy of Passbook to be attached and certified) Date of remittance to the insurer on:/...../..... /...../.....
05	To check eligibility of the benefit transfer from the following: Any of the following KYC document of the insured member with the bank: AADHAAR card or Electoral Photo Identity Card (EPIC) or MGNREGA card or Driving License or PAN card or Passport Age of insured as per eligibility of scheme	
06	To check that the duly completed claim form is submitted along with the following documents: 15. Proof of death ⁴ of the insured member (Proof of death due to accident if death is within 30 days of joining / rejoining the policy) 16. Aadhaar number and PAN number ⁶ of deceased member and nominee / appointee / claimant 17. KYC document ⁷ in respect of the nominee / appointee / claimant 18. First two pages of passbook, or bank account statement showing account details, or cancelled cheque of the account of nominee / appointee / claimant. 19. Proof of death ⁴ of nominee, in case the nominee has predeceased the insured member 20. Proof of claimant being the legal heir, in case claimant is other than nominee/appointee 21. Advance receipt for discharge of claim, duly filled in and signed	

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07	<p>Verification of details of nominee/claimant</p> <p>6. Check details of nominee from enrolment data / form</p> <p>7. Confirm that nominee is not minor. In case of minor nominee, appointee named by the insured member in the enrolment form would be the claimant</p> <p>8. If there is no nomination or the nominee has predeceased the insured member, claimant should be one of the legal heirs of the member</p> <p>9. Check KYC proof submitted by the nominee/claimant. Acceptable KYC document may be any of the following: AADHAAR card or Electoral Photo Identity Card (EPIC) or MGNREGA card or Driving License or PAN card or Passport</p> <p>10. Bank account details of nominee/ appointee/ claimant to be checked and confirmed from the first two pages of his passbook, or bank account statement showing account details, or cancelled cheque of the applicant's account.</p>	
08	Bank to confirm that the said claim has not been forwarded to Insurer earlier by the bank.	
09	Bank to forward the claim documents and the signed checklist electronically to the designated email id / app of the partner insurer within seven days of receipt of the claim.	
10	Bank to upload claims data on Jansuraksha portal [https://www.jansuraksha.gov.in/MIS].	

(Signature)

Name and designation of authorized officer of bank

Date:

Office seal

Handwritten signature



Notes:

- 1 The appointee is the person named by the deceased member in his PMJJBY enrolment form where the nominee is a minor.
- 2 A claimant where there is no nomination or the nominee has predeceased the insured member shall be one who is a legal heir and submits a succession certificate or legal heir certificate issued by a competent court or authority.
- 3 Accident means a sudden, unforeseen and involuntary event caused by external, violent and visible means. No claim shall be payable in case of death occurring within 30 days from the date of joining/rejoining the policy, except in case of death due to accident.
- 4 **Document in support of proof of death may be any of the following:**
 - (iv) Death certificate (issued by the registrar of births and deaths appointed by the state government for the local area)
 - (v) Hospital discharge summary/certificate in respect of the deceased person, specifying his/her name, father's/husband's name, address and the date, time and cause of death
 - (vi) Certificate issued by the last attending Registered Medical Practitioner (doctor registered with the Indian Medical Council) in respect of the deceased person, specifying his/her name, father's/husband's name, address and the date, time and cause of death, which should be countersigned with his/her seal by a Gazetted officer of the Central or the State Government or by an officer of the deceased account holder's bank or any public sector bank or any public sector insurer
 - (vii) Certificate issued in respect of the deceased person by the District Magistrate / Collector / Deputy Commissioner of the district concerned, or by any Executive Magistrate (Additional District Magistrate, Sub-Divisional Magistrate, Tehsildar/Talukdar etc.) authorised by him/her, in the form prescribed in the claim settlement procedure for the scheme
- 5 **Document in support of death due to accident may be any of the following:**
 - (1) Any of the documents listed above for proof of death⁴, along with (a) FIR or *panchnama* and (b) the *post mortem report*
 - (2) Certificate issued in respect of the insured member by the District Magistrate / Collector / Deputy Commissioner of the district concerned, or by any Executive Magistrate (Additional District Magistrate, Sub-Divisional Magistrate, Tehsildar/Talukdar, etc.) authorised by him/her, in the form prescribed in the claim settlement procedure for the scheme
 - (3) In case of death due to accidents such as snake bite/ fall from tree, etc., hospital record specifying the deceased member's name, father's/husband's name, address and the date, time and cause of death in lieu of (a), (b) and (c) above.
- 6 This information is desirable but not mandatory.
- 7 Document in support of identity of nominee / appointee / claimant may be Aadhaar card or electoral photo identity card [EPIC] or MGNREGA card or driving license or PAN card or passport

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