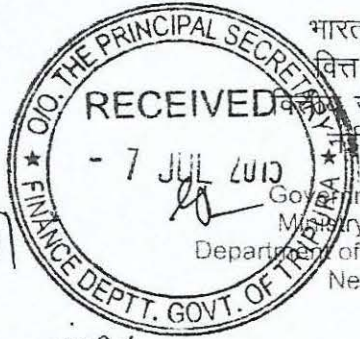
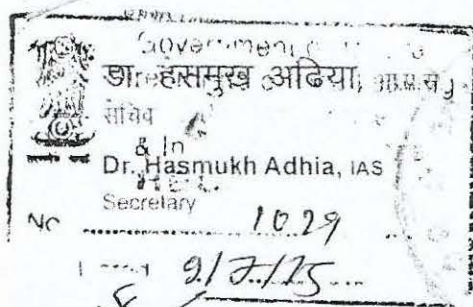


7/7



भारत सरकार
वित्त मंत्रालय
सेवाएं विभाग
नई दिल्ली

Government of India
Ministry of Finance
Department of Financial Services
New Delhi

37

PS, Fin

July 6, 2015

D.O. No. 10/52/2014-Coord.

D.O. No. 12011/2/2015-Inv. II

Dear Mr. Singh,

As you are aware, the three social security schemes launched by the Hon'ble Prime Minister on 9th May, 2015, namely the Pradhan Mantri Suraksha Bima Yojana (PMSBY), Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and Atal Pension Yojana (APY), are now under implementation. Insurance cover under the two insurance schemes, PMJJBY and PMSBY, has commenced for subscribers, and claims have already started arising.

2. It is critical for the success of these schemes for the claims procedure to be well publicized and widely known, and potential claimants to be facilitated in filing claims, to enable the benefits of the scheme to be realized. In this context, the Department of Financial Services requests the support of the State Government for the following:

- (i) Publicizing the claims procedure through the State Government's information department, which could disseminate information through the media channels, to encourage claimants to file claims that arise, in the bank branch concerned. Information on the claims procedure is enclosed.
- (ii) Requesting police stations, hospitals, PHCs, municipalities, blocks, gram panchayats etc to put up claims related publicity materials which are being disseminated by LIC and the Public Sector General Insurance Companies (PSGICs) to these entities.
- (iii) Requesting the information / media agencies of the State to contact persons whose claims have been settled, to publicize their stories in the print and audio-visual media, so as to create awareness and encourage filing of claims. LIC / PSGICs nodal officers (list and contact particulars enclosed) in the State are being requested to provide this information on a regular basis.
- (iv) Requesting State Government agencies to support the insurance companies in obtaining information on deaths and accident victims in every district from post-mortem centres, hospitals, PHCs, police stations, cremation / burial grounds and registrars of births & deaths on a regular and immediate basis, to be able to take pro-active steps to follow up on the information and identify potential claimants and facilitate them to submit their claims. The State Government may kindly issue instructions to all the above entities across the State to provide such information to the nodal officers of LIC and the PSGICs in the State, who are also being requested to establish contact with them.

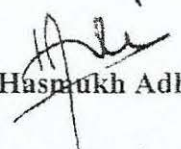
(v) Requesting the agencies concerned in every District to facilitate claimants in terms of making available the due death certificates, Panchnamas, FIRs, disability certificates, medical papers etc. quickly and with ease.

3. The communication may kindly be forwarded to the Departments concerned, particularly to the Finance, Home, Health, Information, Urban Development, Panchayat and Rural Development and Social Justice / Disability Departments, and the DGP and District Magistrates, for further necessary action.

4. I would indeed appreciate if confirmation on the action taken in this regard is sent to me.

With regards.

Yours sincerely,


(Hasmukh Adhia)

Mr. Yashpal Singh,
Chief Secretary,
Government of Tripura,
Agartala.

This form is issued without admission of liability. It must be completed and submitted to the branch where the insured holds the underlying Bank Account, preferably within 30 days of the accident resulting in claim.

01	Name of the Account holder (Insured person)	
02	Full address of the Insured:	
03	Name and address of the Bank Branch:	
04	Savings Bank Account Number:	
05	Contact details of insured (if available): Mobile No: Phone number: email address: Aadhar no. if available:	
06	Details of Nominee (in case of death of insured): Name: Mobile / Phone number: Email address: Bank Account Particulars (for electronic transfer): Aadhar no. if available:	
07	Details of Accident. a) Day, Date, and Time of occurrence: b) Where did it occur: c) Nature of Accident: d) Cause of Death/Details of Injury:	
08	Name address and contact details of Hospital/ attending Doctors:	
09	State where and when a Medical or other Officer of the Company can visit the Insured.	
10	Documents to be Submitted in support of the Claim: a) In case of Death: Original FIR/ Panchnama, Post Mortem Report and Death Certificate. b) In case of Permanent Disablement: Original FIR/ Panchnama and Disability Certificate from Civil Surgeon. c) Discharge voucher	

Declaration: I hereby declare and warrant that the foregoing particulars are true and complete in every respect and I agree that if any of the details given above are proved to be false or untrue, or there is any suppression or concealment, my right of compensation shall be forfeited. I also declare that I have not claimed the amount due under PMSBY cover on account of the above accident through any other cover under PMSBY.

Dated:

Signature of the Claimant/Nominee.

For Office Use:

Policy Number:		Claim Number:	
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Certified that the information relating to the Bank Account and Nominee has been verified. Premium was debited to the Bank Account on and remitted to the insurer on:.....

**PRADHAN MANTRI SURAKSHA BIMA YOJANA
DISCHARGE VOUCHER**

Claim No. : *(to be filled by Bank)*

Policy No.:

Name of Bank / branch:

Name of Insured:

Bank Account No. of Insured:

Date:

In Consideration of approval of my claim referred above, I/We hereby accept from *(name of the Insurance Company)* the sum of Rs. *(approved net Claim amount)* **in full and final settlement** of my/our claim arising out of which occurred on *(date of loss)* covered under Policy No. valid for the period from.....to.....

I/We hereby voluntarily give discharge receipt to the Company **in full and final settlement** of all my/our claims present or future arising directly/indirectly in respect of the said loss/accident. I/We hereby also subrogate all my/our rights and remedies to the Company in respect of the above loss/damages.

One Rupee Rev.Stamp

Signature of the Nominee /Insured.

Full Name:

Address:

Account No of Nominee:

Witness

Full Name

Address

Counter Signature of Authorised Official of the Bank

Bank Name & Branch:

Address:

PRADHAN MANTRI SURAKSHA BIMA YOJANA (PMSBY)
CLAIMS PROCEDURE

- 1) Immediately after the occurrence of an accident which may give rise to a claim under the policy, the insured or the nominee (in case of death of the insured) shall contact the bank branch where the insured person held the underlying Bank Account from which the premium for the policy was auto debited and submit a duly completed claim form.
- 2) The claim form may be obtained from the above bank branch or any other designated source like insurance company branches, hospitals, PHCs, BCs, insurance agents etc., including from designated websites. The insurance companies concerned shall ensure wide availability of forms at all such locations. Supply of the form shall not be denied to any person requesting the same.
- 3) The Claim form shall be completed by the insured or, as the case may be, by the nominee and submitted to the above bank branch preferably within 30 days of the occurrence of the accident giving rise to the claim under the policy.
- 4) The Claim form shall be supported, in case of death of the insured, by the Original FIR/ Panchnama, Post Mortem Report and Death Certificate and in case of permanent disablement, by Original FIR/ Panchnama and a Disability Certificate issued by a Civil Surgeon. A discharge certificate in the enclosed format shall also be submitted by the claimant / nominee.
- 5) The authorised official of the Bank shall check the account / auto-debit particulars and verify the account details, nomination, debiting of premium / remittance to insurer and certify the correctness of the information given in the claim form, and forward the case to the insurance company concerned within 30 days of the submission of the claim.
- 6) Insurer will verify and confirm that premium has been remitted for the insured and the insured is included in the list of insured persons in the master policy.
- 7) Claim shall be processed by the insurance Company which has issued the master policy for the Bank within 30 days of its receipt from the Bank.
- 8) The admissible Claim amount will be remitted to the Bank Account of the insured or the nominee, as the case may be.
- 9) In case of death of an insured who has not named his/ her nominee the admissible claim amount shall be paid to the legal heirs of the insured on production of Succession Certificate/ Legal Heir certificate from the Competent Court/ authority.
- 10) Maximum time limit for Bank to forward duly completed claim form to Insurance Company is thirty days and maximum time limit for Insurance Company to approve claim and disburse money thereafter is thirty days.

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 :
4. NAME OF THE DECEASED MEMBER :
5. SAVINGS BANK ACCOUNT NO. OF DECEASED MEMBER:
6. AADHAR NO. OF DECEASED (if available):
7. DATE OF ENTRY INTO
SCHEME BY MEMBER :
8. DATE OF DEATH OF MEMBER :
9. CAUSE OF DEATH :
10. NAME OF NOMINEE * :
11. RELATIONSHIP OF NOMINEE:
12. ADDRESS OF THE NOMINEE :
13. MOBILE NO. OF THE NOMINEE:
14. AADHAR NO. IF AVAILABLE:
15. DETAILS OF SAVINGS BANK ACCOUNT OF NOMINEE:

IFSC CODE:

SAVINGS BANK ACCOUNT NO. :

We hereby declare that the answers to all the above questions are true in every respect and this is the only claim preferred under the Pradhan Mantri Jeevan Jyoti Bima Yojana for the above deceased member. We enclose **Death Certificate** as the proof of death of the Member along with a duly executed discharge form.

*In case the Nominee is a minor, the Guardian/Appointee may fill in the claim form.

(Signature of the Nominee* /Claimant)

We hereby certify that the above member was covered under the PMJBY Scheme and premium was debited from his bank account on the renewal date prior to his death and remitted to _____ (Name of Insurance Company). We also certify that as per our records, Shri/Smt. _____ is the nominee of the above insured Member for the said scheme.

PLACE _____

DATE: _____

(Signature of authorized official of the Bank)

Seal

**DISCHARGE RECEIPT FOR PAYMENT UNDER PMJJBY
SCHEME**

Policy No: _____

Name of the Bank: _____

I/We, _____
do hereby acknowledge receipt from the _____(Name of Insurance
Company), a 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 Mr./Ms.
_____, covered under this scheme under Savings Bank Account No.,----

Dated at _____ this _____ day of _____ 20

Witness: _____

Revenue
Stamp

(Signature of the Nominee* /Claimant)

Details of nominee / appointee (in case nominee is minor):

Name : _____

Mobile No. : _____

E-mail Id: _____

Aadhar Number (if available): _____

Bank Account No. : _____

Name of the Bank : _____

Branch: _____

Address: _____

IFSC Code : _____

{Copy of cancelled cheque to be attached(if available)}

*In case the Nominee is a minor, the Guardian/Appointee may fill in
this form.

(Signature of the Nominee* /Claimant)

CLAIM SETTLEMENT PROCEDURE UNDER PMJJBY

Claim amount of Rs.2,00,000/- is payable on death of a member to his / her nominee(s). The Risk cover will be provided to the person from his/her age of 18 years (Completed) till attaining age 55 years (nearer birthday) as on the annual renewal date. i.e. eligibility will cease on attaining age 55 years (nearer birthday) or on closure of account with the Bank or insufficiency of balance to keep the insurance inforce.

Death claim benefit of Rs. 2,00,000/- will be settled by the designated Office of Insurance Company concerned. The process followed will be as under:

Steps to be taken by the Nominee:

1. Nominee to approach the Bank wherein the Member was having the 'Savings Bank Account' through which he / she was covered under PMJJBY; along with the death certificate of the member.
2. Nominee to collect Claim Form, and Discharge receipt, from the Bank or any other designated source like insurance company branches, hospitals, PHCs, BCs, insurance agents etc., including from designated websites. The insurance companies concerned shall ensure wide availability of forms at all such locations. Supply of the form shall not be denied to any person requesting the same.
3. Nominee to submit duly completed Claim Form, Discharge Receipt, death certificate along with photocopy of the cancelled cheque of the nominee's bank account(if available) or the bank account details to the Bank wherein the Member was having the 'Savings Bank Account' through which he / she was covered under PMJJBY.

Steps to be taken by the Bank

1. Upon receipt of death intimation the Bank should check whether the cover for the said member was in-force on the date of his death, i.e., whether the premium for the said cover on Annual Renewal Date, i.e. 1st of June, prior to the Member's death was deducted and remitted to the Insurance Company concerned.
2. Bank to verify the Claim Form & the nominee details from the records available with them and to fill in the relevant columns of the Claim form.
3. Bank to submit the following documents to the designated office of the Insurance Company concerned:

- b. Death certificate
 - c. Discharge Receipt
 - d. Photocopy of cancelled cheque of the Nominee (if available).
4. Maximum time limit for Bank to forward duly completed claim form to Insurance Company is thirty days from the submission of the claim to it.

Steps to be taken at designated office of Insurance Company:

1. Verify that the Claim form is complete in all respects and all the relevant documents have been attached. If not, take up with the Bank concerned.
2. If the claim is admissible, the designated office of the insurer shall check whether the member's coverage is in force and no death claim settlement has been effected for the Member through any other account. In case any claim has been settled, then the Nominee shall be intimated accordingly with a copy marked to the Bank.
3. In case the coverage was in force and no claim has been settled for the said member, payment shall be released to the Nominee's bank account and a communication shall be sent to the nominee with copy marked to the Bank.
4. Maximum time limit for Insurance Company to approve claim and disburse money is thirty days from the receipt of the claim from the Bank.

In case where the claim form is directly submitted to any office of the insurer by the claimant, then the insurer's office would forward the same to the concerned bank of the deceased account holder immediately to get necessary verification etc. done from the bank concerned. The concerned Bank Branch will forward the Claim Form to the designated office of the Insurance Company for processing the claim.

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