

PRADHAN MANTRI SURAKSHA BIMA YOJANA (PMSBY) CLAIM FORM (CBS Post Office)
(to be submitted in Two copies)

This form is issued without admission of liability. It must be completed and submitted to the branch where the insured holds the underlying POSB 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 Post Office:	
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 Accident. a) Day, Date, and Time of occurrence: b) Where did it occur: c) Nature of Accident: d) Cause of Death/Details of Injury:	
07	Relationship of Nominee with Deceased	
08	State where and when a Medical or other Officer of the Company can visit the Insured.	
09	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	
10	Details of Nominee (in case of death of insured): (a) Name: (b) Mobile / Phone number: (c) Email address: (d) Aadhar no. if available:	

11. DETAILS OF SAVINGS BANK ACCOUNT OF NOMINEE: select POSB/Bank account below (any one)

POSB account details		OR	Bank account details	
Nominees POSB A/c No			Nominees Bank Acct No	
Bank Name	DOP Chennai GPO		Bank Name	
IFS Code	SBIN000DOP		IFS Code	

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:.....

Signature of Authorized Official of the Post Office
Designation Stamp

PRADHAN MANTRI SURAKSHA BIMA YOJANA
DISCHARGE VOUCHER

Claim No. :(to be filled by Post Office)

Policy No.:

Name of Post Office:

SOL ID:

SB Account No. of Insured:

Name of Account Holder:

Date of submission of claim:

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 ofwhich 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 or thumb Impression of the Nominee /Account

Holder.

Full Name:

Address:

Account No of Nominee:

Witness

Full Name & Address

Signature of Authorised Official of the Post Office and Designated Stamp.

Mandatory requirements:-

- 1.Claim form and Discharge voucher duly completed and signed by Postmaster with Postmasters stamp.- in Blue ink only.
- 2.Claim must be entered in Finacle by using CCSPMY menu and claim form must be endorsed with claim Identification/Reference number. Claim ID starts with alphabet SR.....followed by 17 digit numerical numbers thus denoting the date of registering the claim in Finacle.
- 3.Death certificate duly attested by Postmaster concerned with Postmasters Stamp.
4. FIR with FIR number duly attested by Postmaster concerned with Postmasters Stamp.
5. Postmortem Report with PMR Number duly attested by Postmaster concerned with Postmasters Stamp.
6. Disability certificate from Civil surgeon Govt Hospital duly attested by Postmaster concerned (for Disability cases only) with Postmasters Stamp.
- 7.Identity proof of Deceased (Aadhar card) duly attested by Postmaster concerned with Postmasters Stamp.
- 8.Identity proof of nominee/claimant (Aadhar card) duly attested by Postmaster concerned with Postmasters Stamp.
- 9.Ledger copy of Savings account of deceased from Finacle (HACLI) showing the deduction of Rs 12/- as proof of debit duly attested by Postmaster concerned with Postmasters Stamp.
- 10.Ledger copy of Nominee from Finacle (HACLI) if account is in Post Office. If account of Nominee is in Nationalised Bank then a copy of the Cancelled Cheque or the Pass Book copy indicating Name of Nominee, IFSC , Account number etc duly attested by Postmaster concerned with Postmasters Stamp.
- 11.All documents/contents attached with claim in local languages are to be translated to either in Hindi or English with reference to the page number the translation has been carried out. The translated documents must be placed exactly behind the document which has been translated.
12. All documents (every single page) is to be counter signed by the Postmaster concerned with Postmasters Stamp.
- 13.The whole claim is to be in Two copies (every single page is to be submitted in Two copies).
14. Name of deceased and nominee to be same at all places and in all documents. For any difference in name a reconciliation certificate is must from appropriate authorities.
15. PMSBY enrolment form of deceased to be attached with the claim case.