

## Simplified Claim Form

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

**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)

Ver 2.0/ Aug'18

PNB MetLife India Insurance Company Limited

Registered office: Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, Karnataka. IRDA of India Registration number 117. CI No. U66010KA2001PLC028883, Call us Toll-free at 1-800-425-6969, Website: [www.pnbmetlife.com](http://www.pnbmetlife.com), Email: [indiaservice@pnbmetlife.co.in](mailto:indiaservice@pnbmetlife.co.in) or write to us at 1<sup>st</sup> Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062. Phone: +91-22-41790000, Fax: +91-22-41790203