pnb MetLife
Mitkar life aage badhaein

Claimant Statement for Death Claim – Form A

The Claimant statement form must be filled by the claimant / beneficiary appointee / legally entitled person under the policy

The Form is to be filled in one color by one person in single ink only

All documents required to process the claim should be sent to "Claims Entity" mentioned in the page below

All supporting documents to be self-attested by nominee

Documents to be Submitted	
Mandatory Documents	**Additional documents* to be submitted**
1. Copy of death certificate issued by local municipal authority 2. Doctor's Certificate (From the family physician or treating doctor) 3. Current address proof 4. Photo identity proof 5. Cancelled cheque / Copy of bank passbook 6. Authorization letter from the claimant in case the claim intimation is received through third party	**Natural death/ death due to illness** 1. Complete Medical records (Admission notes & Discharge / Death summary & Test / investigation reports etc.) for any treatment taken in past or at the time of death **Accidental Death** 1. Copy of FIR, Panchnama, Inquest report, Postmortem report 2. Obituary/Newspaper cutting (if available) 3. Viscera / Chemical analysis report (if applicable) 4. Final police investigation report

*PNB MetLife reserves the right to call for any additional documents /evidences apart from the given below, if required.

1 . POLICY NUMBER/S_____

2. DETAILS OF THE CLAIMANT

Name: _____ Date of Birth: (D D M M Y Y Y Y) Gender: ☐ Male ☐ Female

Relationship with Life Insured: _____ Mobile / Landline number: _____

Current Address: _____

City: _____ State: _____ PIN Code_____

Email ID: _____

PAN No. / Form 60: _____ *Aadhaar number: (X X X X X X X X _ _ _ _)

*Only last 4 digits to be mentioned.

3. BANKING DETAILS

Bank Account No.: _____ Account holder name:_____

Name of the Bank: _____ Address of the Bank: _____

_____ State: _____ PIN Code: _____

MICR: ☐☐☐☐☐☐☐☐☐ IFSC: ☐☐☐☐☐☐☐☐☐☐☐

Payout option: ☐ Lump sum ☐ Regular Payment ☐ Annuity (Options are subject to applicable Terms & Conditions of the Policy.)

4. LIFE INSURED DETAILS

Name of the life insured: _____ Date of Death: (D D M M Y Y Y Y)

Time of Death: (H H) (M M) AM/PM Place of Death: ☐ Home ☐Hospital ☐ Office ☐ Others (please Specify Others / Hospital name)

_____

Cause of Death: ☐ Accident ☐ Murder ☐ Suicide ☐ Natural ☐ Illness ☐ Others (please specify) _____

5. NATURE OF ILLNESS & HABITS	Date of Diagnosis
☐ Hypertension ☐ Diabetes ☐ Asthma ☐ IHD ☐ Malignancy ☐ Others (please specify)_____	
☐ Smoking ☐ Alcohol ☐ Tobacco ☐ Drugs- if yes, duration of consumption_____ Quantity consumed_____ (Per-Day/Week/Month).	

DEATH CLAIM ACKNOWLEDGEMENT SLIP

Policy number(s) _____, _____, _____, _____,
Name of claimant _____
Branch name & code_____
Date: _____ **Employee name & Code** _____

Company Seal & Stamp with Date and time

Documents Submitted:
☐ **Claimant's photo identity proof** ☐ **Claimant's Current address Proof**
☐ **Cancelled cheque / Copy of bank passbook)** ☐ **Copy of death certificate issue by local municipal authority**
☐ **Medical Documents (if any)** ☐ **Doctor's certificate (From the family physician or treating doctor)**
☐ **Authorization letter from the claimant and Webcam photo of the person in case the claim intimation is received through third party**

This acknowledgement slip should not be construed as acceptance of the claim. The Company reserves its right to call additional documents, information and any further requirements necessary in order to decide on processing of the claim.

6. EMPLOYER/BUSINESS/OCCUPATION DETAILS

Last Employer's name/Business/Occupation: _____

Nature of work/designation: _____

Employment/Business/Occupation Address: _____

State: _____ PIN Code: _____ Mobile / Landline number: _____

7. NAME, ADDRESS AND CONTAT DETAILS OF ALL DOCTORS / HOSPITALS WHERE THE LIFE INSURED WAS TREATED WITHIN THE LAST 5 YEARS PRECEEDING THE DEATH

Name of Doctor/ Hospital	Address and Contact Details	Disease /Condition Treated For	Treatment Dates (From- To)

8. DETAILS OF OTHER LIFE INSURANCE POLICIES OF THE LIFE INSURED

Name of Life Insurance Company	Policy Number/s	Policy Commencement Date	Coverage Amount (Rs.)	Claim Submitted
				Yes/No
				Yes/No
				Yes/No

Declaration and Authorization

I/We, the above named Claimant(s), do solemnly declare that the above answers and statements are true in all respects, and I/ we further agree that in furnishing claim form PNB MetLife has not admitted any liability or waived any of its rights.

I/We hereby authorize the physicians/doctors or hospitals, medical centers, who has attended upon or examined or treated the aforesaid deceased person/insured for any ailment or illness or other Insurance Companies which issued policies to the aforesaid deceased person/insured, present/ past employers or business associates of the life insured, Birth and Death Registrar, Diagnostic centers wherein the life insured underwent personal/ official/ insurance related medical tests, to divulge or share any knowledge or information or documents regarding the deceased's state of health or other details which he/they may have acquire whether before or after the policy was issued by PNB MetLife. A Photo Copy of this authorization shall be considered as effective and valid as the Original.

I/We hereby further consent, and authorize, PNB MetLife to use and disclose any of the personal and sensitive information of mine/our collected or available with PNB MetLife (whether contained in this statement or obtained otherwise) which may include KYC documents to any individual / organisation / entity associated or affiliated with or engaged by PNB MetLife, including reinsurers, claim investigative agencies, vendors and industry associations/federations, for the purpose of processing this claim and / or for providing subsequent services.

Indemnity/Undertaking/Warranty and Representations by the Claimant in lieu of original policy bond and document

I irrevocably inure, acknowledge, represent and undertake to the Company that the original policy contract is not pledged, mortgaged, assigned or otherwise created any adverse lien, title, interest over it either by the policyholder or by the legal heirs and I further undertake to destroy it as a null and void document post receipt of the full and final payment of the claim under the policy from the Company. I further undertake that the Company stands indemnified by me against all losses, claims whatsoever arising out of anything in relation to the dispensation of original policy contract or the representations/warranties herein. I completely understand and agree with the Company that it shall stand conclusively discharged from all the obligations arising out of this policy/ies upon making the payment to me, nominee, legal heir or successor of the policyholder/life assured.

I hereby acknowledge and agree that any incorrect, false, or misleading or deficit information furnished by me may result in the rejection of claim or the recovery of claim proceeds with cost and compensation as the case may be apart from civil and criminal liability on me and my assets.

Signature/ Left Thumb impression of **Claimant** _____ Date _____

Declaration by the person filling in the Claim form. (in case the Claim form is filled up / signed in a language different from that of application form)

I hereby declare that I have fully explained the contents of the Claim form to the claimant in the language understood by him/her. The same have been fully understood by him/her and the replies have been recorded as per the information provided by the claimant and the replies have been read out to, fully understood and confirmed the claimant

The content of the form and document have been fully explained to me and that I have fully understood the content mentioned herein and its significance for the proposed Claim

_____	_____	_____	_____
DATE	PLACE	Signature of the Declarant	Signature / Left thumb Impression Claimant/ Nominee

Name of Witness: _____ **Signature of Witness:** _____

Address of Witness: _____

Date: _____ **Place:** _____

Terms and Conditions:

1) The submission of t
2) he filled-up claim form, along with the required mandatory documents, is not to be construed as an admission of liabilities of our Company under the policy. No agent/intermediary has been or is authorized to admit any liabilities on behalf of the Company.
3) Early submission of this form along with the required mandatory documents, as provided below, will enable us to process your claim faster. PNB MetLife shall not be responsible for any delay in the processing of the claim on account of submission of incomplete claim form and/or non-submission of the mandatory documents.

For Office Use Only

Branch to Affix **the date and time stamp** here with details of OSV/ASV with signature of Branch Service Associate.

Application No.: _____

HO, Claims to Affix the date seal here.
(Time, if received directly.)