

Simplified Claim Form

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

Declaration: I/We hereby further consent, and duly authorize, PNB MetLife to use , store , share , transfer and disclose any of the personal and sensitive information of mine/our collected or available with PNB MetLife (whether contained in this document or obtained otherwise) which may include but not limited to my KYC documents to any individual / organization / 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.

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)