



युनाइटेड इंडिया इन्श्यूरेंस कं लि  
UNITED INDIA INSURANCE CO. LTD.

(logo)

Name of the Bank

(Logo of PMSBY)

**PRADHAN MANTRI SURAKSHA BIMA YOJANA**

**CLAIM FORM**

This form is issued without admission of liability and must be completed and returned within 7 days after its receipt.

Claim No. _____	Policy No. _____
1. Name in Full _____ Address _____ Contact Number _____ Mail id _____	2. Name of the Bank with address : _____ _____ Saving Account No. _____
3. A) When did the accident / death occur? State Day, Date and Hour B) Where did it occur? C) Give full particulars of the cause of death / injuries sustained:	
4. Give name and address of the attending Doctors	
5. State where and when a Medical or other Officer of the Company can visit you, if necessary.	
	A) B)
6. A) In case of Death, Original FIR / Post Mortem Report/ Death Certificate to be attached. B) In case of Disability, Disability Certificate from Civil Surgeon to be attached.	

I HEREBY DECLARE and warrant the truth of the foregoing particulars in every respect, and I agree that if I have made, or if shall make false or untrue statement, suppression or concealment, my right to compensation shall be absolutely forfeited.

Dated \_\_\_\_\_ Signature \_\_\_\_\_

(Claimant)