

**PRADHAN MANTRI SURAKSHA BIMA YOJANA**

**NAME OF INSURER**

**NAME OF BANK / POST OFFICE**

| **LOGO** |

**LOGO OF  
SCHEME**

| **LOGO** |

**CONSENT-CUM-DECLARATION FORM**

I hereby give my consent to become a member of 'Pradhan Mantri Suraksha Bima Yojana' of ..... (Name of Insurer) which will be administered by your Bank / Post Office under Master Policy No .....(To be pre-printed)

I hereby authorize you to debit my Account with your Branch with Rs. 12/-(Rupees twelve only), towards premium of accidental insurance cover@ of Rs two lakhs under PMSBY (claim payable in case of death or permanent disability# due to accident<sup>5</sup>). I further authorize you to deduct in future after 25<sup>th</sup> May and not later than on 15<sup>1</sup> of June every year until further instructions, an amount of Rs.12/- (Rupees twelve only), or any amount as decided from time to time, which may be intimated immediately if and when revised, towards renewal of coverage under the scheme.

I have not authorized any other Bank / Post Office to debit premium in respect of this scheme. I am aware that in case of multiple enrolments for the scheme by me, my insurance cover will be restricted to Rs.two lakhs only and the premium paid by me for multiple enrolments shall be liable to be forfeited.

I have read and understood the Scheme rules and I hereby give my consent to become a member of the Scheme.

I authorize the Bank /Post Office to convey my personal details, given below, as required, regarding my admission into the group insurance scheme to..... (Name of Insurer)

Name of the account holder**		Father's / husband's name**	
Bank / Post Office Account No.**		IFSC Code of Bank Branch**	
PAN Number, if available**		AADHAAR Number, if available**	
Date of birth **		E-mail Id**	
Whether suffering from any disability		If yes, details thereof	
Name and address of nominee		Date of Birth of nominee	
		Relationship of nominee with the account holder	
Name and address of Guardian / appointee (if nominee is minor)		Relationship of the guardian appointee with the nominee	
Mobile number of nominee		Mobile number of guardian / appointee	
Email id of nominee		Email id of guardian / appointee	

I hereby enclose a copy of my -----as proof of my identity (KYC\*) and nominate my nominee as above under this scheme. Nominee being minor, his / her guardian is appointed as above.

\* Either of AADHAAR card or Electoral I Photo Identity Card (EPIC) or MGNREGA card or Driving License or PAN card or Passport

I hereby declare that the above statements are true in all respects and that I agree and declare that the above information shall form the basis of admission to the above scheme and that if any information be found untrue, my membership to the scheme shall be treated as cancelled.

Date: Signature  
Address:

Conformed that the applicant's details\*\* and signature have been verified from the records available with this Bank / Post Office (or KYC document submitted\* by the applicant, in case it is not available with the bank / Post Office).

Signature of the Bank / Post Office Official

Date:

(Rubber Stamp with bank /Post office branch name and code)

For Office Use

Name of Agent/ Banking Correspondent's (BC)		Agency/BC Code No.	
Bank / details of Agent/BC		Signature of Agent/BC	

**ACKNOWLEDGEMENTSLIP CUM CERTIFICATE OF INSURANCE**

We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Shri / Ms.. ..... holding Bank /Post Office Account No..... Aadhar No .....consenting and authorizing auto-debit from the specified Bank /Post Office account to join the Pradhan Mantri Suraksha Bima Yojana with ----- (Name of the Insurer) for cover under Master Policy No.. .., subject to correctness of information provided regarding eligibility and receipt of consideration amount.

**Signature of authorised official of Bank / Post Office**

**Date:**

**Office Seal**

**Notes:**

**@ Insurance cover:**

Claim of Rs two lakhs payable in case of total disability or death due to accident

Claim of Rs one lakh payable in case of permanent partial disability

**\$ Permanent Disability** means any of the following:

Permanent Total Disability-Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of one hand or foot

Permanent Partial Disability-Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot

**Accident** means a sudden, unforeseen and involuntary event caused by external, violent and visible means.

**PRADHAN MANTRI SURAKSHA BIMA YOJANA (PMSBY)  
CLAIM-CUM-DISCHARGE FORM 'VI**

(To be submitted preferably within 30 days of the occurrence of the accident of the insured member giving rise to the claim)

***To be filled by the insured member in case of his accidental disability claim or by his nominee in case of death of insured member***

*(or in case the nominee is a minor, his/her appointee', and in case of no nomination or the nominee pre-deceasing insured member, the claimant<sup>2</sup> legal heirs of the insured)*

**Part 1. Details of the member enrolled under PMSBY**

- (1) Name:
- (2) Address:
- (3) Bank / post office account number:
- (4) Day, date, and time of accident:
- (5) Place of occurrence:
- (6) Nature of accident:
- (7) Date of death:
- (8) Cause of death / disability <sup>4</sup>(please specify):
- (9) Details of disability:
- (10) Document attached as proof of permanent disability<sup>5</sup> / death :
- (11) Aadhaar number<sup>7</sup> (Optional):
- (12) Income-tax Permanent Account Number (PAN)<sup>7</sup> (Optional):

**Part 2. Details of the nominee in case of death of insured member:**

*(or, in case the nominee is a minor, his/her appointee', and in case of no nomination or the nominee pre-deceasing insured member, the claimant<sup>2</sup> legal heirs of the insured)*

1. Name of the nominee:
2. Age of nominee:
3. In case the nominee is a minor, name of the appointee':
4. In case of no nomination or nominee pre-deceasing the insured member, name of the claimant<sup>2</sup>:
5. Proof of death<sup>6</sup> of nominee in case of nominee pre-deceasing the insured member:
6. Relationship of the nominee/claimant with the deceased:
7. Contact mobile number:
8. Contact email address:
9. Contact address:
10. Details of the nominee/appointee/claimant (as the case may be):

(1) Particulars of bank account into which the claim amount is to be remitted:

- (a) Account number:
- (b) Name of bank:
- (c) Branch IFS Code:
- (2) Aadhaar number<sup>7</sup>(Optional):
- (3) Income-tax PAN<sup>7</sup>(Optional):
- (4) KYC document<sup>8</sup> attached as proof of identity:

I hereby declare that details submitted above are true to the best of my knowledge, the documents attached in support of this claim are genuine, and I have not claimed the amount payable under PMSBY in respect of the member named above earlier or in respect of any other account of the member with any bank or post office.

Date:

(Signature of the insured member/  
nominee/appointee<sup>1</sup>/claimant<sup>2</sup>)

**Attached documents:**

- (1) Proof of permanent disability due to accidents or death due to accident<sup>6</sup> of the insured member, as the case may be
- (2) Aadhaar and PAN number of the insured member and claimant<sup>7</sup>(Optional)
- (3) KYC document<sup>8</sup> in respect of the nominee/appointee/claimant(as the case may be)
- (4) First two pages of passbook, or bank / post office account statement showing account details, or cancelled cheque of the account of the nominee/appointee /claimant (as the case may be)
- (5) Proof of death<sup>6</sup> of nominee in case of nominee pre-deceasing the insured member
- (6) Proof of being legal heir, in case the claimant is other than the insured member/nominee/appointee
- (7) Advance receipt for discharge of claim, duly filled in and signed

*To be filled by the bank / Post office from enrolment data or data of bank/ post office*

**Part 3: Details in respect of the insured member**

- 1. Bank / post office account number (as per bank's CBS/ post office records):
- 2. Bank / post office name:
- 3. Branch name:
- 4. Branch IFS Code:
- 5. Name of father/husband of the member:
- 6. Date of birth (as per the KYC document):

7. Name of the insurer:

8. Name of the nominee:

9. Date of debit of premium from the bank/ post office account:

10. Date of remitting the premium into insurer's account:

It is certified that the above information is true as per PMSBY enrolment data and bank / post office records.

Place:

Date:

(Signature and seal of the authorized official of the bank/post office)

**PRADHAN MANTRI SURAKSHA BIMA YOJANA**  
**Advance receipt for discharge of claim**

In consideration of approval of my claim referred above, I hereby accept from \_ \_ \_ \_ \_  
(*name of the insurer*) the sum of Rs. \_ \_ \_ \_ \_ (Rs. One lakh in case of permanent partial disability and Rs. two lakhs in case of permanent total disability or death) only in full and final settlement and discharge of my claim under the said policy covering insurance in respect of member Shri / Ms \_ \_ \_ \_ \_

Signature of the witness

Name of witness:

Address:

Signature of the insured member/nominee/appointee/claimant

Date:

Countersignature of authorised official of the bank/ post office

Date:

Name:

Name of bank/ post office:

Branch:

Office stamp

## Useful information for claimants

- <sup>1</sup> The appointee is the person named by the member in his PMSBY enrolment form where the nominee is a minor.
- <sup>2</sup> A claimant where there is no nomination or the nominee has pre-deceased the insured member shall be one who is a legal heir and submits a succession certificate or legal heir certificate issued by a competent authority.
- <sup>3</sup> Accident means a sudden, unforeseen and involuntary event caused by external, violent and visible means.
- <sup>4</sup> Pennanent Disability means any of the following:

Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of one hand or foot	Total disability- claim amount payable is Rs two lakhs
Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot	Partial disability- Claim amount payable is Rs one lakh

- <sup>5</sup> Documents in support of proof of permanent disability:  
FIR or Panchnama, along with (a) Disability certificate issued by the Civil surgeon and (b) hospital record supporting the same.
- <sup>6</sup> Documents in support of death due to accident may be any of the following:
- (1) (a), (b) and (c) as under:**
- (a) Any of the documents listed below as proof of death:
- Death certificate (issued by the registrar of births and deaths appointed by the state government for the local area)
  - Hospital discharge summary/certificate in respect of the deceased person, specifying his/her name, father's/husband' s name, address and the date, time and cause of death
  - Certificate issued by the last attending Registered Medical Practitioner (doctor registered with the Indian Medical Council) in respect of the deceased person, specifying his/her name, father's/husband's name, address and the date, time and cause of death, which should be countersigned with his/her seal by a Gazetted officer of the Central or the State Government or by an officer of the deceased accountholder 's bank or any public sector bank or any public sector insurer
- (b) FIR/ Panchnama
- (c) Post MoItem report
- (2)** Certificate issued in respect of the insured member by the District Magistrate / Collector / Deputy Commissioner of the district concerned, or by any Executive Magistrate (Additional District Magistrate, Sub-Divisional Magistrate, Tehsildar /Taluk , etc.) authorised by him/her, in the form prescribed in the claim settlement procedure for the scheme
- (3)** In case of death due to accidents such as snake bite/ fall from tree, etc., hospital record specifying the deceased member's name, father' s/husband' s name, address and the date, time and cause of death in lieu of (a), (b) and (c) above.

This information is desirable but not mandatory.<sup>8</sup> Document in support of applicant 's identity may be Aadhaar card or electoral photo identity card [EPIC] or MGNREGA card or driving license or PAN card or passport.

# PRADHAN MANTRI SURAKSHA BIMA YOJANA (PMSBY)

## CLAIMS PROCEDURE

[Dated: 10.6.2021]

1. Immediately after the occurrence of an accident which may give rise to a claim under the policy, the *insured member in case of his accidental disability claim or his nominee in case of death of insured member* (or in case the nominee is a minor, his/her appointee<sup>1</sup>, and in case of no nomination or the nominee pre-deceasing insured member, the claimant legal heirs of the insured) shall submit duly completed claim form to the concerned bank branch / post office and preferably within 30 days of the occurrence of the accident<sup>3</sup> giving rise to the claim (death/permanent disability<sup>4</sup>) under the policy.
2. Bank/ post office to check whether claim is for disability or death (due to accident) of the insured.
3. Bank / post office to check and confirm that the claim form has been submitted with supporting documents as under:
  - (a) Proof of permanent disability due to accident<sup>5</sup> or death due to accident<sup>6</sup> of the insured member, as the case may be
  - (b) Aadhaar and PAN number of the insured member and claimant<sup>7</sup>
  - (c) KYC document<sup>8</sup> in respect of the nominee/appointee/claimant (as the case may be)
  - (d) First two pages of passbook, or bank / post office account statement showing account details, or cancelled cheque of the account of the nominee/appointee/claimant (as the case may be)
  - (e) Proof of death<sup>6</sup> of nominee in case of nominee pre-deceasing the insured member
  - (f) Proof of being legal heir, in case the claimant is other than the insured member/nominee /appointee
  - (g) Advance receipt for discharge of claim, duly filled in and signed
4. The authorized official of the bank / post office shall check the account of the insured member and confirm auto-debit particulars and the account details, nomination, debiting of premium/ remittance to insurer and fill up the details of the insured member in the claim form from the emolument data and records of bank / post office. He will certify the correctness of the information given in the claim form and the duly completed check list for the said claim.
5. Bank / post office to check KYC documents of nominee/ appointee/ claimant to establish his identity and confirm that claim in respect of the said insured member has not been forwarded to partner insurer by the bank / post office.
6. Bank / post office will forward the claim documents electronically to the designated email id / app of the partner insurer within seven days of the submission of the claim.
7. Insurer will verify and confirm that premium has been remitted for the insured and the insured is included in the list of insured persons in the master policy.
8. Insurer will also confirm whether the said claim under PMSBY has also been paid by any other insurer or not, by way of a suitable deduplication mechanism. In case the same has been paid, the Insurer may reject the claim.

9. Claim shall be processed by the insurance company which has issued the master policy for the bank / post office within seven days of its receipt from the bank / post office.
10. The admissible claim amount will be remitted to the bank / post office account of the insured or the claimant, as the case may be.
11. In case there is no nomination or the nominee has predeceased the insured member the admissible claim amount shall be paid to the legal heirs of the insured on production of Succession Certificate / Legal Heir certificate from the competent court/authority.
12. Regardless of the claim being paid/ rejected, the insurer shall send an email/ app-based intimation to the bank / post office and a text message alert to the mobile of the nominee / appointee / claimant, in addition to uploading the same on the Jan Suraksha portal [<https://www.jansuraksha.gov.in/MIS>].
13. **Maximum time limit** for the bank / post office to forward duly completed claim form to the insurer is seven days and maximum time limit for the insurer to approve claim and disburse money thereafter is seven days.
14. **In case the bank / post office has not remitted the premium amount debited from the account of the insured member within the timeframe referred to in the rules issued by DFS letter F. no. H-12011/2/2015-Ins.II, dated 20.4.2015, the liability of the claim shall be passed on to the bank / post office, and the claim form shall be transmitted to the bank / Department of Posts. In case such a claim reaches the insurer from the bank / post office, the insurer shall transmit it back for settlement of the same, under intimation to the claimant.**
15. **The relaxations for accepting proof of death listed in Note no. 6 below, in view of ongoing pandemic, would be valid up to 30.11.2021 or till further revision, whichever is earlier. Further, claims pending as on date may also be settled on the basis of these relaxations.**

**Notes:**

<sup>1</sup> The appointee is the person named by the member in his PMSBY enrolment form where the nominee is a minor.

<sup>2</sup> A claimant where there is no nomination or the nominee has predeceased the insured member shall be one who is a legal heir and submits a succession certificate or legal heir certificate issued by a competent court or authority.

<sup>3</sup> Accident means a sudden, unforeseen and involuntary event caused by external, violent and visible means.

<sup>4</sup> Permanent Disability means any of the following:

Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of one hand or foot	Total disability- claim amount payable is Rs two lakhs
Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot	Partial disability- Claim amount payable is Rs one lakh

<sup>5</sup> Documents in support of proof of permanent disability: FIR. or Panchnama, along with (a) Disability certificate issued by the Civil surgeon and (b) hospital record supporting the same.

Documents in support of death due to accident may be any of the following:

**(1) (a), (b) and (c) as under:**

- (a) Any of the documents listed below as proof of death:
  - (i) Death certificate (issued by the registrar of births and deaths appointed by the state government for the local area)
  - (ii) Hospital discharge summary/certificate in respect of the deceased person, specifying his/her name, father's/husband's name, address and the date, time and cause of death
  - (iii) Certificate issued by the last attending Registered Medical Practitioner (doctor registered with the Indian Medical Council) in respect of the deceased person, specifying his/her name, father's/husband's name, address and the date, time and cause of death, which should be countersigned with his/her seal by a Gazetted officer of the Central or the State Government or by an officer of the deceased accountholder's bank or any public sector bank or any public sector insurer
- (b) FIR/ Panchnama
- (c) Post Mortem report

(2) Certificate issued in respect of the insured member by the District Magistrate / Collector / Deputy Commissioner of the district concerned, or by any Executive Magistrate (Additional District Magistrate, Sub-Divisional Magistrate, Tehsildar /Talukda, etc.) authorised by him/her, in the form prescribed in the claim settlement procedure for the scheme

(3) In case of death due to accidents such as snake bite/ fall from tree, etc., hospital record specifying the deceased member's name, father's /husband' s name, address and the date, time and cause of death in lieu of (a), (b) and (c) above.

<sup>7</sup>This information is desirable but not mandatory.

<sup>8</sup> Document in support of applicant's identity may be Aadhaar card or electoral photo identity card [EPIC] or MGNREGA card or driving license or PAN card or passport.

\*\*\*