

SIKKIM STATE CO-OPERATIVE BANK LTD



PRADHAN MANTRI SURAKSHA BIMA YOJNA

(PMSBY)

SCHEME AND FORMS



Pradhan Mantri
Suraksha Bima Yojana

PRADHAN MANTRI SURAKSHA BIMA YOJANA

Consent-cum-Declaration Form

(To be filled in by members joining the scheme during the permitted "Enrolment Period")

Agency / BC Code

SISCO BANK LTD

Savings Bank Account No.

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Date of Entry into the Scheme : 1st June / July / August / September, 2015

1. Name in Full	5. Mobile /Contact Number _____
2. Address _____ _____ _____	6. Aadhar No, if available _____.
3. Date of Birth (As per KYC document) (dd/mm/yyyy)	7. Whether suffering from any disability _____ If yes, details thereof _____
4. Email ID _____	8. Name & Address of the Nominee, if any, and Relationship with him / her _____
9. Name & Address of Guardian, if nominee is minor _____	

I hereby give my consent to become a member of ' Pradhan Mantri Suraksha Bima Yojana' which will be administered by the above Bank as Master Policyholder.

I hereby authorize you to debit today my Saving Bank Account with your Branch with **Rs.12/- (Rupees Twelve only)** plus Service Tax, if applicable, and on or before 31st May every subsequent year until further instructions to the contrary (strike out whichever is not applicable) a sum of Rupees Twelve or a revised amount that may be decided with immediate intimation to me.

I hereby nominate my nominee as indicated above for the benefits under the scheme, in the event of my death. In the event of my death before the nominee reaching the age of 18 years, I hereby appoint the legal guardian of the nominee as indicated above for the purpose of receiving the benefits under the scheme.

I declare that I am not insured under **Pradhan Mantri Suraksha Bima Yojana** under any other Savings Bank Account. In case the same is found to exist, premium shall stand forfeited and no claims would be paid.

I agree that the cover shall commence from the 1st of the month subsequent to the date of enrolment in the scheme.

I agree to pay full annual premium even if I join the Scheme after the commencement of the Master Policy. **1506084215820000214**

I agree that my membership in the Scheme will remain in force as long as all premiums due are paid and until I have attained age 70 years as on Annual Renewal Date.

I agree to abide by the terms and conditions of the above Scheme. I agree to your conveying my personal details, as required, regarding my admission into the **Pradhan Mantri Suraksha Bima Yojana to NATIONAL INSURANCE CO LTD,**

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 verified
(Bank Branch Official)

Signature of the Account Holder



Pradhan Mantri
Suraksha Bima Yojana

ACKNOWLEDGEMENT CUM CERTIFICATE OF INSURANCE

We hereby acknowledge receipt of "Consent-cum-Declaration Form" from Shri / Smt.

_____ holding Saving Bank Account No. _____, Aadhar No. (if available) _____, consenting and authorizing auto-debit from the specified Savings Bank Account to join the **Pradhan Mantri Suraksha Bima Yojana (PMSBY)** with **NATIONAL INSURANCE CO LTD** under **Master Policy No. 1506084215820000214-** certifying coverage as per the Scheme, subject to correctness of information provided regarding eligibility and receipt of consideration amount.

Seal & Signature of Authorized Bank Official

TO BE HANDED OVER TO THE INSURER



Pradhan Mantri
Suraksha Bima Yojana

PRADHAN MANTRI SURAKSHA BIMA YOJANA (PMSBY) CLAIM FORM

This form is issued without admission of liability. It must be completed and submitted to the branch where the insured holds the underlying Bank Account, preferably within 30 days of the accident resulting in claim.

01	Name of the Account holder (Insured person)	
02	Full address of the Insured:	
03	Name and address of the Bank Branch:	
04	Savings Bank Account Number:	
05	Contact details of insured (if available): Mobile No: Phone number: email address: Aadhar no. if available:	
06	Details of Nominee (in case of death of insured): Name: Mobile / Phone number: Email address: Bank Account Particulars (for electronic transfer): Aadhar no. if available:	
07	Details of Accident. a) Day, Date, and Time of occurrence: b) Where did it occur: c) Nature of Accident: d) Cause of Death/Details of Injury:	
08	Name address and contact details of Hospital/ attending Doctors:	
09	State where and when a Medical or other Officer of the Company can visit the Insured.	
10	Documents to be Submitted in support of the Claim: a) In case of Death: Original FIR/ Panchnama, Post Mortem Report and Death Certificate. b) In case of Permanent Disablement: Original FIR/ Panchnama and Disability Certificate from Civil Surgeon. c) Discharge voucher	

Declaration: I hereby declare and warrant that the foregoing particulars are true and complete in every respect and I agree that if any of the details given above are proved to be false or untrue, or there is any suppression or concealment, my right of compensation shall be forfeited. I also declare that I have not claimed the amount due under PMSBY cover on account of the above accident through any other cover under PMSBY.

Dated:

Signature of the Claimant/Nominee.



For Office Use:

Policy Number:		Claim Number:	
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Certified that the information relating to the Bank Account and Nominee has been verified. Premium was debited to the Bank Account on and remitted to the insurer on:.....

Signature of Authorized Official of the Bank



**PRADHAN MANTRI SURAKSHA BIMA YOJANA DISCHARGE
VOUCHER**

Claim No.

Policy No.:

Name of Bank / branch:

Name of Insured:

Bank Account No. of Insured:

Date:

In Consideration of approval of my claim referred above, I/We hereby accept from **NATIONAL INSURANCE CO LTD** the sum of Rs. _____ **in full and final settlement** of my/our claim arising out of which occurred on (*date of loss*) covered under Policy No. valid for the period from.....to.....

I/We hereby voluntarily give discharge receipt to the Company **in full and final settlement** of all my/our claims present or future arising directly/indirectly in respect of the said loss/accident. I/We hereby also subrogate all my/our rights and remedies to the Company in respect of the above loss/damages.

One Rupee Rev.Stamp

Signature of the Nominee /Insured.

Full Name:

Address:

Account No of Nominee:

Witness Full

Name

Address

Counter Signature of Authorized Official of the Bank

Bank Name & Branch:

Address:

PRADHAN MANTRI SURAKSHA BIMA YOJANA (PMSBY) CLAIMS
PROCEDURE

- 1) Immediately after the occurrence of an accident which may give rise to a claim under the policy, the insured or the nominee (in case of death of the insured) shall contact the bank branch where the insured person held the underlying Bank Account from which the premium for the policy was auto debited and submit a duly completed claim form.
- 2) The claim form may be obtained from the above bank branch or any other designated source like insurance company branches, hospitals, PHCs, BCs, insurance agents etc., including from designated websites. The insurance companies concerned shall ensure wide availability of forms at all such locations. Supply of the form shall not be denied to any person requesting the same.
- 3) The Claim form shall be completed by the insured or, as the case may be, by the nominee and submitted to the above bank branch preferably within 30 days of the occurrence of the accident giving rise to the claim under the policy.
- 4) The Claim form shall be supported, in case of death of the insured, by the Original FIR/ Panchnama, Post Mortem Report and Death Certificate and in case of permanent disablement, by Original FIR/ Panchnama and a Disability Certificate issued by a Civil Surgeon. A discharge certificate in the enclosed format shall also be submitted by the claimant / nominee.
- 5) **The authorised official of the Bank shall check the account / auto-debit particulars and verify the account details, nomination, debiting of premium / remittance to insurer and certify the correctness of the information given in the claim form, and forward the case to the insurance company concerned within 30 days of the submission of the claim.**
- 6) 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.
- 7) Claim shall be processed by the insurance Company which has issued the master policy for the Bank within 30 days of its receipt from the Bank.
- 8) The admissible Claim amount will be remitted to the Bank Account of the insured or the nominee, as the case may be.
- 9) In case of death of an insured who has not named his/ her nominee 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.
- 10) Maximum time limit for Bank to forward duly completed claim form to Insurance Company is thirty days and maximum time limit for Insurance Company to approve claim and disburse money thereafter is thirty days
