

**TRIPURA GRAMIN BANK**  
HEAD OFFICE: ABHOYNAGAR, AGARTALA, WEST TRIPURA

.....**Branch**  
(APPLICATION FOR SETTLEMENT OF CLAIM UNDER PMJBY) By Customer

To  
The Branch Manager

Date.....

.....Branch  
Address:

Subject: Application regarding the claim of PMJBY of deceased.....  
.....;SB A/C No.....

Respected Sir,  
I would like to inform you that my father/mother/brother/sister/son/daughter/.....

has been died of .....(cause of death) on .....and he/she had  
enrolled to PMJBY scheme with your branch on.....

I am submitting the claim form of the aforesaid insurance along with all required documents as  
mentioned below:

**(please tick in proper box and carry original documents with you)**

1. Claim Form duly signed by claimant [  ]
2. Discharge receipt signed by nominee across revenue stamp. [  ]
3. Death certificate[  ]
4. Copy of Bank Passbook of deceased along with the transaction details of insurance premium. [  ]
5. Copy of Passbook of Nominee account verified by concerned bank official OR cancelled cheque of nominee account. [  ]
6. AADHAAR card of deceased and nominee.[  ]

Therefore I request you to kindly arrange the settlement of the insurance at your earliest.

Regards

Yours faithfully

Signature of the Claimant

Full address:

Mobile NO:

By Customer

**PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA – CLAIM FORM**

(to be completed by the Claimant & Bank)

1. NAME OF THE SCHEME : Pradhan Mantri Jeevan Jyoti Bima Yojana
2. POLICY NO. : 900100079
3. FULL NAME AND ADDRESS OF THE BANK : Tripura Gramin Bank,.....Branch
4. NAME OF THE DECEASED MEMBER :  
ADDRESS:
- PIN CODE:
5. SB AC NO. OF DECEASED MEMBER: CUSTOMER ID:
6. AADHAR NO. OF DECEASED : PAN NO:
7. DATE OF ENTRY INTO SCHEME BY MEMBER :
8. DATE OF BIRTH OF MEMBER: DATE OF DEATH OF MEMBER :
9. CAUSE OF DEATH :
10. NAME OF NOMINEE \* :
11. RELATIONSHIP OF NOMINEE:Wife/ Husband/ Son/ Daughter/ Mother/ Father/Brother/ Sister/  
Others.....
12. ADDRESS OF THE NOMINEE :

PIN CODE:

13. MOBILE NO. OF THE NOMINEE: EMAIL:

14. AADHAR NO. IF AVAILABLE: PAN NO:

15. DETAILS OF SAVINGS BANK ACCOUNT OF NOMINEE:  
NAME AND ADDRESS OF BANK:

IFSC CODE: SAVINGS BANK ACCOUNT NO. :

We hereby declare that the answers to all the above questions are true in every respect and this is the only claim preferred under the Pradhan Mantri Jeevan Jyoti Bima Yojana for the above deceased member. We enclose **Death Certificate** as the proof of death of the Member along with a duly executed discharge form.

\*In case the Nominee is a minor, the Guardian/Appointee may fill in the claim form.

\_\_\_\_\_  
(Signature of the Nominee\* /Claimant)

We hereby certify that the above member was covered under the PMJBY Scheme and premium was debited from his bank account on the renewal date prior to his death and remitted to Life Insurance Corp of India. We also certify that as per our records,

Shri/Smt. \_\_\_\_\_ is the nominee of the above insured Member for the said scheme.

PLACE \_\_\_\_\_

DATE: \_\_\_\_\_

(Signature of authorized official of the Bank with bank seal)

Encl.: Death Certificate & Discharge Form.

By Customer

**DISCHARGE RECEIPT FOR PAYMENT UNDER PMJJBY SCHEME**

Policy No:900100079

Name of the Bank: TRIPURA GRAMIN BANK,.....BRANCH

I/We, \_\_\_\_\_ do hereby acknowledge

receipt from the Life Insurance Corporation of India , a sum of Rs.2,00,000/- (Rupees Two lakhs only) in full satisfaction and discharge of all our claim/s under the above policy on the

life of Mr./Ms. \_\_\_\_\_, covered under this scheme under

Savings Bank Account No.,-----Dated at \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ 20

Witness: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Rev  
stamp

\_\_\_\_\_  
(Signature of the Nominee\* /Claimant)

Details of Nominee/Claimant/Natural Guardian of minor nominee:

Name : \_\_\_\_\_

Mobile No. : \_\_\_\_\_ E-mail Id: \_\_\_\_\_

Aadhar Number (if available) : \_\_\_\_\_

Bank Account No. : \_\_\_\_\_

Name of the Bank : \_\_\_\_\_ Branch: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

IFSC Code : \_\_\_\_\_

**{Copy of cancelled cheque to be attached( if available)}or bank passbook certified by bank.**

\*In case the Nominee is a minor, the Guardian/Appointee may fill in this form.

\_\_\_\_\_  
(Signature of the Nominee\* /Claimant)

By Branch

**TRIPURA GRAMIN BANK**  
HEAD OFFICE: ABHOYNAGAR, AGARTALA, WEST TRIPURA

.....Branch  
Claim reference no.....Register sl No.....

**(Head Office only)**

SL NO.

Claim received On.....

Claim uploaded on.....

Claim sent to insurer on.....

To  
The HOD(Development)  
Tripura Gramin Bank  
Head Office  
Agartala

Date-.....

Sir,

Re:: Submission of PMJBY Death claim of Sri/Smt .....

..... for insured SB A/C No.....

We are to forward the death claim of deceased Sri/Smt. ....  
with all requisite documents as listed below:

**(please tick after checking, signing and verification of all true copies)**

7. Claim Form duly signed by claimant [  ]
8. Discharge receipt signed by nominee across revenue stamp. [  ]
9. Death certificate[  ]
10. Form No 4A(see rule 7)- Medical certificate of cause of death to be issued by authorised Medical Officer [  ]
11. Copy of Bank Passbook of beneficiary along with the transaction details of insurance premium. [  ]
12. Copy of Passbook of Nominee account verified by concerned bank official OR cancelled cheque of nominee account. [  ]
13. ADHAR card of deceased and nominee.[  ]

We have verified all the documents with original copies and found matched with them. You are requested to arrange the needful to settle the aforesaid claim.

Yours faithfully

(Seal and Sign of Bank Branch official)  
Enclo: as stated.