

Simplified Claim Form

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	

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)

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PNB MetLife India Insurance Company Limited

Registered office: Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, Karnataka. IRDA of India Registration number 117. CI No. U66010KA2001PLC028883, Call us Toll-free at 1-800-425-6969, Website: www.pnbmetlife.com, Email: indiaservice@pnbmetlife.co.in or write to us at 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062. Phone: +91-22-41790000, Fax: +91-22-41790203