

## Group Claim Form –Non Employer Employee (MFI)



### Policy Details

Name of Scheme	
Name of Master Policyholder	
Master Policy Number	

### Member Details

Member Name		Member No.	
Loan Account No		Certificate No	
Risk Commencement Date			
Date of Birth			
Date of Death		Place of death	
Nature of Death	Medical <input type="checkbox"/>	Natural <input type="checkbox"/>	Accidental <input type="checkbox"/>
	Murder <input type="checkbox"/>	Suicide <input type="checkbox"/>	Other <input type="checkbox"/>
Cause of Death			

### Information of Nominee/Appointee

Nominee/Appointee Name		Gender	
Relationship with Deceased		Date of Birth	
Email ID		Contact No.	
Address of Nominee			
		Pincode	
Pan No			

\*If Nominee is less than 18 years, Appointee is mandatory. Appointee should be more than 18 years of age

### Nominee/Appointee NEFT/Bank Account Details

Bank Name																										
Branch Name & Address																										
Bank Account No.																										
IFSC Code																MICR Code										

### Declaration by Nominee/Appointee

- I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions.
- I confirm that I am aware of the assignment of the policy and I provide by consent to Pramerica Life Insurance Limited to process the payment of outstanding loan amount as on the date of occurrence of the contingent event to the master policyholder. I also confirm that I have verified the outstanding loan amount in the credit account statement and the balance amount, if any, payable to Nominee/Appointee
- I hereby declare that the particulars given in this form are true, correct and complete in all aspects and I take full responsibility of the genuineness and correctness of the details filled herein.
- I hereby declare that I will complete all requirements and submit all documents as sought by the insurer for the purpose of evaluation of claim
- I hereby give my consent to Pramerica Life Insurance Limited and its representatives to obtain additional documents and/or information as is required to settle this claim and I request the relevant authorities to release the sought information to Pramerica Life Insurance Limited and its representatives.
- I hereby agree to indemnify Pramerica Life Insurance Limited against all liabilities that Pramerica Life Insurance Limited may incur on account of any claim being made by any other person on the basis of possession of the Policy document, Certificate of insurance or otherwise.

Date :

Place :

Signature/Thumb Impression Nominee/Appointee

### Declaration from Master Policy Holder

I/We hereby direct Pramerica life insurance limited to process payout for the claim amount after deduction of outstanding loan amount in favor of the Nominee/Appointee under the policy.

I/We undertake to refund any amount that is credited to my/our account either in excess or which is not due to me/us at any time, for any reason and to this effect, I/We confirm that the particulars given here are true, correct and complete in all aspects.

I/We further confirm that the Nominee/Appointee has been informed about the outstanding loan amount as on the date of occurrence of the event.

I/We further confirm that the Nominee/Appointee has given consent for payment of Death claim proceeds towards such outstanding loan amount to the Master Policy Holder by Pramerica life insurance limited and the remaining Death Claim proceeds, if any will be paid by the Pramerica life insurance limited to the Nominee/Appointee directly.

Credit Account Statement	Amount (Rs.)
a) Sum Assured for which the member of the Group Insurance Policy was Insured	
b) Original Amount of Loan (A)	
c) Particulars of the recoveries made by the Master Policyholder towards the Loan	
d) Outstanding Loan Balance as on the date of happening on the contingent event covered. (Amount Payable to Master Policyholder) (B)	
e) Balance Claim Amount (Amount Payable to nominee) (A-B)	

The above mentioned information/ details are verified and accurate

The Insured member/ Nominee/ Beneficiary who had submitted the Claim Statement form is the same person who has been registered by the Master Policy holder as the Insured Member/Nominee/Beneficiary under the Group Master Policy.

Date :	Office Seal & Designation	Name & Signature of the Master Policy Holder
Place :		

### Declaration by Third Person (Vernacular)

Declaration to be made by a Third Person where : (a) the member has affixed his/her thumb impression, or (b) the member has signed in vernacular

I hereby declare that I have explained the contents to this application form to Member in ..... language and truthfully recorded the answer provided to me.

I further declare that the Member has signed/affixed his/her thumb impression in my presence.

Date :

Place :

\_\_\_\_\_  
Signature/Thumb Impression of Witness

IRDAI Registration No. 140. Pramerica Life Insurance Limited. Registered Office and Communication Address: 7th & 8th Floor, Tower 2, Capital Business Park, Sector 48, Gurugram - 122018, Haryana. CIN: U66000HR2007PLC052028. Customer Service Helpline Numbers: 1860 500 7070 (Local charges apply) or 011 4818 7070 Timings: 9:00 a.m. to 7:00 p.m. (Monday-Saturday). For policy details, login to your account at <https://customer.pramericalife.in> or Send 'Hi' to LISA on WhatsApp at 9289187070, Email: [contactus@pramericalife.in](mailto:contactus@pramericalife.in), Website [www.pramericalife.in](http://www.pramericalife.in). The Pramerica mark displayed belongs to 'The Prudential Insurance Company of America' and is used by Pramerica Life Insurance Limited under license.

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