

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 claimant 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 Claimant has been informed about the outstanding loan amount as on the date of occurrence of the event.

I/We further confirm that the Claimant 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 Claimant directly.

Credit Account Statement	Amount (₹)
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 Claimant) (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 :

Signature/Thumb Impression of Witness

Place :

Please Attach the following to this Form (In case of Death)

1. Original Death Certificate or attested copy issued by competent authority
2. Death/Discharge summary along with all relevant past hospital and medical records
3. Photo Identity & Address proof of the claimant
4. Copy of signed cancelled cheque or bank passbook of the claimant to facilitate electronic fund transfer into the Bank Account
5. Certificate of Insurance issued by Pramerica Life
6. Credit Account Statement reflecting the outstanding loan balance

In case of Accidental Death (In addition to the Above)

1. First Information Report
 2. Police Inquest Report with final findings
 3. Post Mortem Report (If carried out)
 4. Newspaper cutting, if any
- (The above mentioned are indicative and additional documents may be called for where necessary)

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, Website 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.

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/ FRAUDULENT OFFERS. IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.