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**GOVERNMENT OF MEGHALAYA  
FINANCE (ECONOMIC AFFAIRS) DEPARTMENT  
INSTITUTIONAL FINANCE BRANCH**

No. FIF 18/2015/ 17

Dated, Shillong 15<sup>th</sup> July, 2015

From: Smt D.T.Kharshiing,  
Director Institutional Finance & ex-officio  
Secretary to the Govt. of Meghalaya  
Finance (EA) Department

To: 1. Principal Secretary / Commissioner & Secretary /  
Secretary to the Govt of Meghalaya  
Home (Police) / Health / Urban Development / C&RD /  
Social Welfare  
2. The Deputy Commissioner  
East Khasi Hills / East Jaintia Hills / East Garo Hills  
West Garo Hills / West Jaintia Hills / West Garo Hills  
South Garo Hills / South West Khasi Hills / South West Garo Hills  
Ri Bhoi / North Garo Hills  
3. The Director, Information & Public Relations  
Meghalaya, Shillong

Sub: Social Security Schemes- matters relating to

Sir/Madam,

With reference to the subject cited above, I am directed to inform you that the social security schemes viz, Pradhan Mantri Suraksha Bima Yojana (PMSBY), Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and the pension scheme, Atal Pension Yojana (APY) have already been rolled out in the State. Apart from APY, progress has been made under PMBSY and PMJJBY. The Government of India vide D.O letter No 10/52/2014-Coord dated 6<sup>th</sup> July, 2015 (copy enclosed) has laid emphasis on wide dissemination of the **CLAIMS PROCEDURE** so that the benefits of the insurance schemes are realized. Copy of the claims procedure for both the schemes are attached herewith.

In the light of the above, I am directed to request you to take action and extend support accordingly as per instructions laid down in the D.O letter enclosed. Moreover, you are requested to provide information to the nodal officer of the Insurance Companies as sought for therein. The nodal officer of the insurance sector for Meghalaya is Mr Akendra Rajkumar, Area Manager, National Insurance Company and his contact number is 9007103405.

Yours faithfully,

*D.T.Kharshiing*

(D.T.Kharshiing)

Director Institutional Finance & ex-officio  
Secretary to the Govt. of Meghalaya

FTS - No. 294 337/2015/MEGSC

NIC - MSU - SHILLONG
Duty No. : 871
Date : 15-7-15
File No. :

CC

**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.

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**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 Authorised Official of the Bank

PRADHAN MANTRI SURAKSHA BIMA YOJANA  
DISCHARGE VOUCHER

Claim No. : ( to be filled by Bank)

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 (name of the Insurance Company) the sum of Rs. (approved net Claim amount) 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 Authorised Official of the Bank

Bank Name & Branch:

Address: