

DEATH CLAIMS PROCESSING FORM – NORMAL DEATH

Claim Reference No		Date of Registration	
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SECTION 1: DECEASED DETAILS

Full Name		Gender / Age	
Date of Death		Cause of Death	
Place of Death		Occupation	
Category		Villager / SHG / DWCRA / Senior Citizen	
Address			

SECTION 2: NOMINEE / LEGAL HEIR DETAILS

Name		Relationship	
Aadhaar / ID		Mobile	
Address			
Bank Account / IFSC			

SECTION 3: DOCUMENT COLLECTION CHECKLIST

Document Name	Submitted (✓)	Remarks
Death Certificate		
Medical Cause of Death		
Aadhaar of Deceased		
Nominee Aadhaar		
Relationship Proof		
Legal Heir Certificate		
Life Insurance Policy		
PMJJBY / APY		
EPF / EPS / EDLI		
Bank Passbook		
Employer Certificate		
Gratuity / Pension		
FBS / Welfare Scheme		
CM / PM Relief Fund		
Other Documents		

SECTION 4: CLAIM MAPPING & SUBMISSION

Claim Type	Submitted To	Date Reference / Receipt No	Status	Amount Approved	Date Credited	Remarks
Life Insurance						
PF / EPS / Pension						
Gratuity / Leave Encashment						
PMJJBY / APY						
Labour / SHG / DWCRA						
NFBS / State Welfare						
CM / PM Relief Fund						
Bank / FD / RD						
Loans / Credit Insurance						
Education / Student						
Community / Trust Fund						

SECTION 5: FOLLOW-UP & REMARKS

SECTION 6: FINAL AUDIT & CLOSURE

Audit Item	Completed (✓)	Remarks
All Documents Collected		
All Claims Identified		
All Claims Submitted		
Settlements Completed		
Customer Informed		
Case Fully Closed		

Processed By: _____

Verified By: _____

Manager Approval: _____

Case Closure Date: _____