

CLAIM INFORMATION FORM (FORM A)

PLEASE SUBMIT SELF ATTESTED COPY OF THE AADHAR CARD AND PAN CARD OF CLAIMANT / NOMINEE ALONG WITH THIS FORM



Star Union Dai-ichi Life Insurance

A joint venture of
Bank of India | Union Bank of India | Dai-ichi Life

Death Claim Critical Illness Dismemberment

Important-Mandatory Documents to be submitted along with claim Intimation Form

1. Original policy documents
2. Address Proof and Identity Proof of the Claimant-Self Attested
3. Copy of Death Certificate of the Life Assured
4. Cancelled cheque with pre-printed name of the Claimant/Self attested Bank Statement/Pass Book attested by Bank
5. Aadhaar and PAN of the claimant

Page | 1

IRDA REGN. NO. 142

DETAILS OF LIFE ASSURED

Policy No.:
Name of Life Assured:
Flat/Plot No.: Building Name:
Road: Land Mark:
City/District: State: Pin Code:
Contact No.: Email ID:
Date of Birth: Occupation:

DETAILS OF CLAIMANT

Name of Claimant:
Date of Birth of Claimant/Nominee: Relation with Deceased (Insured):
Appointee Name (If Claimant/Nominee is minor):
Flat/Plot No.: Building Name:
Road: Land Mark:
City/District: State: Pin Code:
Contact No.: Email ID:
1. Are you resident of jurisdiction outside India? Yes No
2. Are you tax resident of jurisdiction outside India? Yes No
3. Country of residence/ tax residence _____
(In case if the answer to any of the above question is Yes, then kindly submit FATCA CRS self certification)

DETAILS OF DEATH OF THE LIFE ASSURED

Date of Death: Place of Death: Time of Death: (AM/PM)
Cause of Death: _____
If cause of Death is due to Accident provide date of Accident: _____
Was death reported to police (If Yes, Copy of FIR attached): Yes No

BANK ACCOUNT DETAILS OF CLAIMANT

Bank Name:
Branch Address:
Bank A/C No: Type Account:
IFSC Code: MICR Code:
Nominee Name as per Account:
Permanent Account Number (PAN): Aadhar Card Number:

CLAIM DISBURSAL OPTION IN CASE OF PENSION PLAN - (Applicable only for Dhruv Tara & New Dhruv Tara Plan)

I wish to choose the below option for my Pension Plan claim disbursement (any one)

- Fund Value or Sum Assured for my Pension Plan claim disbursement
- To commute 1/3rd of the Fund Value or Sum Assured to be paid to me in Lumpsum of the Fund Value or Sum Assured should be drawn in favor of Star Union Dai-ichi Life Insurance Co. Ltd. **OR** _____
(Please write the name of the insurance company from where you want to purchase annuity in the given space) as full and final settlement
- Full Fund Value or Sum Assured should be drawn in favor of Star Union Dai-ichi Life Insurance Co. Ltd.
OR _____
(Please write the name of the insurance company from where you want to purchase annuity in the given space) as full and final settlement

Star Union Dai-ichi Life Insurance Company Limited

Registered Office: 11th Floor, Vishwaroop I.T. Park, Plot No. 34, 35 & 38, Sector: 30A of IIP, Vashi, Navi Mumbai - 400 703.

☎ : 18002668833 (Toll free) / 022-71966200 (Landline) - Timing 9:30 am to 6:30 pm (Mon - Sat).

Email: customercare@sudlife.in | Website: www.sudlife.in | IRDAI Regn. No.: 142 | C.I.No. U66010MH2007PLC174472

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CLAIMANT'S DECLARATION

I hereby declare that the answers given below are true in all respect .Notwithstanding the provisions of any law. I hereby authorize the company to contact any Physician or Hospital to enquire about the health of the deceased ,who treated him/her in the last illness of the deceased. I will not hold Star Union Dai-ichi Insurance Company Ltd. responsible in case of non-credit to my bank account or if the transaction is delayed or not effected at all for reasons of incomplete/in correct information. I hereby confirm that the information provided above with respect to my residency/ tax residency is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I am aware that I shall be liable for it. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. I/We further agree to submit a new form within 30 days if any information or certification on this form becomes incorrect or if there is any change/ modification to the information in future and also undertake to provide any other additional information as may be required at your end or by domestic or overseas regulators/ tax authorities. I/ We understand that the Company is not able to offer any tax advice on CRS/FATCA or its impact and I/We shall seek any advice that may be required from an independent professional tax advisor. I/We agree that this information may be shared with domestic regulators/tax authorities, including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. I authorize to share the given information to other Registered Intermediaries/or any regulated intermediaries registered with SEBI/ RBI/ IRDA / PFRDA to facilitate single submission / update & for other relevant purposes.

Date:

Place: _____

Signature of the Claimant

DECLARATION TO BE MADE BY A THIRD PARTY IF:

The policyholder /nominee has affixed thumb impression OR the policy holder/nominee has signed in vernacular or the policy holder/nominee has not filled the Application

I, Mr./Ms./Dr.
Address

Having known the policyholder/nominee for a period of (month/years);do declare that I have explained the contents of this form to the policy holder/nominee in his/her language and have truthfully recorded the answers provided by him/her .I further declare that the policyholder/nominee has affixed his/her signature/thumb impression in my presence.

ADVANCE DISCHARGE VOUCHER

I, Mr./Ms./Dr. _____

The Claimant/Nominee hereby acknowledge receipt of _____ (in figures) _____

(in words) from Star Union Dai-ichi Life Insurance Company Limited as full and final settlement towards the above mentioned policy on the life of

Mr/Ms/Mrs./Dr. _____

Claimant/Nominee:

Name: _____

Occupation: _____

Address: _____

Contact No.: _____

Signature/
Thumb
Impression:

Date:

Place:

Witness:

Name: _____

Occupation: _____

Address: _____

Contact No.: _____

Signature/
Thumb
Impression:

Date:

Place:

(The person signing as witness should be 1) Lawyer 2) Specified person of Bank/ AVP- Bancassurance Manager of SUD life 3) Bank Branch Manager 4) Block Development officer 5) Commissioner of Oaths 6) Family Physician 7) Govt. Gazetted officer 8)Head Master/Head Mistress 9) Head Post Master 10)Magistrate 11) Sarpanch/Police Patil; and shall not be related to the deceased in any manner).

Star Union Dai-ichi Life Insurance Company Limited

Registered Office: 11th Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai – 400 703.

Toll Free No.: 1800 266 8833 (9:30 am to 6:30 pm – Mon to Sat) | Tel.: 022-7196 6200 | Fax: 022-7196 2811

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We mean life!