



# Employer's Certificate: Form E

Details of any other mediclaim policy on the life of deceased (Please attach mediclaim details):

Date	Amount (Rs)	Reason for Claim

Place : \_\_\_\_\_

Date : \_\_\_\_\_

Address of hospital : \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Sign / Stamp / Seal of hospital

\_\_\_\_\_  
 Signature of witness

Name of the witness: \_\_\_\_\_

Address of the witness: \_\_\_\_\_

Contact No: \_\_\_\_\_

**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) / 022-39546300 (landline) - 8:00 am to 8:00 pm (Mon - Sat).

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