

**STAR UNION DAI-ICHI LIFE INSURANCE CO. LTD.**

IRDA REGN. NO. 142

Claim Intimation Form - Group Term

Name of the Company	
Master Policy No.	
Particulars of the Insured Member:	
Residential Address	
Full Name	
Date of Birth (as per records)	
Date of Joining the Policy	
COI No.	
Type of Death	Natural          Accidental
Date of Death	
Cause of Death	
Place of Death	
Nominee of the Insured	
Member	
Telephone No./ Mobile No. of the Nominee	
Relationship with life Assured	
Nominee Saving account no	
Bank Name	
IFSC code	
Copy of Bank Pass Book of the Nominee attached	MANDATORY
To be Filled by Master Policy Holder:	
Account Number of the Life Assured	
Premium Debit Date	
Premium Amount	
Basic Sum Assured	
Branch Name	
Branch Code	

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In respect of the above mentioned policy claim, I hereby solemnly declare that the foregoing statements are true and correct to the best of my knowledge.

Name and Signature of Beneficiary/ies

Date \_\_\_\_\_ Phone no. \_\_\_\_\_

Signature of Bank Branch Manager with Bank Seal

Contact No./ Mobile No. of the Bank Branch Manager :

All columns have to be filled up compulsorily, without which the claim form cannot be accepted. Kindly put NA whichever field is not applicable.

### Advance Discharge Voucher

I, \_\_\_\_\_ (Name of the Beneficiary) under the Master, Policy no. \_\_\_\_\_ do hereby acknowledge that the Star Union Dai-ichi Life Insurance Company Ltd. has paid us a sum of Rs. \_\_\_\_\_ ( in Words Rs. \_\_\_\_\_ as full and final settlement of claims and demands in respect of Mr/Mrs/Ms (Name of Life assured) who expired on

Please affix Re. 1/  
Revenue. Stamp and  
sign across the stamp

Claimant Should sign  
across the revenue  
stamp.

Full postal address Baileficiary

Declaration: We hereby declare that the information given above is correct to the best of our knowledge and belief. The mount mentioned have is the full and final amount covered under the said master policy for this Life Assured.

Signature of the Witness

Signature of Beneficiary

Signature of Bank Branch Manager with Bank Seal

Signing the said advance discharge voucher is not to be construed as admissibility of claim by the Company

**Information**

Documents to be submitted depending upon the cause by death of the member are listed below:

Cause of Death	List of documents required to be submitted along with this intimation form
Natural	1. Death Certificate of the Member duly attested by Group Administrator
	2. Copy of Bank Passbook of the Life Assured showing premium debit entry, duly attested by Group Administrator
	3. Original COI
	4. Copy of Bank Passbook of the Nominee/ Beneficiary or Cancelled Cheque (with pre-printed name of the Nominee)
Accidental	1. Death Certificate of the Member duly attested by Group Administrator
	2. Copy of: A. First Information Report B. Spot Panchanama C. Post Mortem Report
	3. Copy of Bank Passbook of the Life Assured showing premium debit entry, duly attested by Group Administrator
	4. Original COI
	5. Copy of Bank Passbook of the Nominee/ Beneficiary or Cancelled Cheque (with pre-printed name of the Nominee)

Various options for submission of Death Claim Intimation of the Member to SUD Life Insurance Company Limited, Vashi, Navi Mumbai 400703. The required forms to be sent by any mode mentioned below:

By e-mail: Kindly submit this Death Claim Intimation form to [groupclaims@sudlife.in](mailto:groupclaims@sudlife.in) from official e-mail id of the Authorized Signatory along with the attested scanned copy of the Death Claim Documents

By Courier: Please send this Death Claim Intimation along with the attested copy of the Death Certificate and Claim Documents on Following Address: Claims Department, Star Union Daichi Life Insurance Company Limited, 11<sup>th</sup> Floor, Raghuleela Arcade, Sector 30 A, Opposite Vashi Railway Station, Vashi, Navi Mumbai 400703