Affix recent passport size colour photograph of claimant and sign across it (Not more than 6 months old)

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INDIVIDUAL DEATH CLAIM FORM

SECTION A

POLICY DETAILS

Policy Number	
Name of Life Assured (Deceased):	

DETAILS OF DEATH OF THE LIFE ASSURED

Date of Death	D D M M Y Y Y Y Time of Death H H M M (AM/PM)
Address of Place of Death	
Date and Address of Burial / Cremation	
Cause of Death	

* If cause of death is due to Accident, provide date of Accident D D M M Y Y Y

SECTION B

DETAILS OF DOCTOR / HOSPITAL / CLINIC CERTIFYING DEATH (To be filled in by the treating doctor / hospital)

Name of Treating Doctor	
Doctor Registration Number	
Name of Hospital and Clinic	
Address of Hospital and Clinic	CITY \ TOWN \ VILLAGE DISTRICT STATE COUNTRY PINCODE
Landline Number	STD Code Mobile Number ( ) Country Code
Nature of Illness	
Treatment Given	
Duration of Treatment	

Signature & Stamp of Treating Doctor

DETAILS OF USUAL FAMILY DOCTOR (To be filled in by usual family doctor)

Name of Family Doctor	
Doctor Registration Number	
Address of Family Doctor	CITY \ TOWN \ VILLAGE DISTRICT STATE COUNTRY PINCODE
Landline Number	STD Code Mobile Number ( ) Country Code
Nature of Illness	

Signature & Stamp of Family Doctor

SECTION C

OTHER INSURANCE/MEDICLAIM POLICY DETAILS OF LIFE ASSURED

Sr. No.	Name Of The Insurer	Policy Number	Sum Assured	Claim Status
1				Intimated / Non Intimated
2				Intimated / Non Intimated
3				Intimated / Non Intimated
4				Intimated / Non Intimated

• Please attach separate sheet, if insurance taken from more companies

EMPLOYER DETAILS OF THE LIFE ASSURED (Only for salaried person)

Name of Employer	
Contact Details	STD Code / HR Mobile Number ( ) Country Code
HR Email Id	
Designation of Life Assured	
Nature of duties	☐ Office Work ☐ Field Work City Of Employment

SECTION D

DETAILS OF CLAIMANT

Name of Claimant	
Appointee Name (If Claimant / Nominee is minor)	
Date of Birth of Claimant / Nominee / Appointee	D D M M Y Y Y Y
Relation with Deceased (Life Assured)	
Occupation Details	☐ Service ☐ Business ☐ Self Employed ☐ Housewife ☐ Others
Monthly Income (INR)	☐ Up to 25000 ☐ 25000 - 50000 ☐ 50000 - 100,000 ☐ Above 100,000
Address	CITY \ TOWN \ VILLAGE DISTRICT STATE COUNTRY PINCODE
Landline Number	STD Code / Mobile Number ( ) Country Code
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, the kindly submit FACTA CRS self-certification)

BANK ACCOUNT DETAILS OF CLAIMANT

Bank Name	
Branch	
IFSC (11 Character code appearing on your cheque leaf)	
Bank Account Number	
Account Holder Name (As per Account)	
Account Type	☐ Savings ☐ Current ☐ NRO ☐ NRE

• For Bank Account proof, a cancelled personalised cheque with the account no. and IFSC should be submitted OR Copy of latest bank statement OR Copy of passbook (where name, account number and IFSC is printed) needs to be submitted.
• For recently opened bank account, last 3 months statements is required

CLAIMANT'S DECLARATION

I hereby declare that the answers given above 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. I confirm that I have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. I hereby confirm that the information provided above with respect to my residency/ tax residency is true and correct, and hereby agree that I am obliged to inform the Company about any change in such information till the processing of the claim. I/We agree that this information may be shared with domestic regulators/tax authorities/statutory 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.

Date D D M M Y Y Y Y

Place _____

Signature / Thumb impression of the Claimant

DECLARATION TO BE MADE BY A THIRD PARTY (if the claimant has affixed thumb impression or signed in vernacular language)

I, Mr./Ms./Dr.	
Address	CITY\TOWN\VILLAGE DISTRICT STATE COUNTRY PINCODE

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

Signature / Thumb impression of the Declarant

DOCUMENTS TO BE SUBMITTED

NATURAL DEATH

- Original policy document ☐
  (If policy document is lost, need Notarized Indemnity Bond on stamp paper of relevant currency)
- Death Certificate issued by local authority ☐
- KYC documents and cancelled cheque / bank passbook of claimant* ☐
- Claimant's passport size photograph ☐
- Employer certificate in case Life Assured was salaried ☐

HOSPITALISATION / DEATH DUE TO ILLNESS

- Medical cause of death certificate ☐
- Medical records (Admission Notes, History / Progress Sheet, Discharge / Death Summary, Past Medical Records) ☐

ACCIDENTAL DEATH

- First Information Report (FIR) Panchnama / Inquest report, ☐
- Post Mortem report (PMR), Viscera Report ☐
- Newspaper cutting, Police final report, if required ☐
- Original policy document ☐
  (If policy document is lost, need Notarized Indemnity Bond on stamp paper of relevant currency)
- Death Certificate issued by local authority ☐
- KYC documents and cancelled cheque / bank passbook of claimant ☐
- Claimant's passport size photograph ☐
- Employer certificate in case Life Assured was salaried ☐

* In case of minor nominee, need KYC, Cancelled cheque leaf OR Copy of Bank Statement / Passbook of Appointee

SUD LIFE

A joint venture of

Bank of India | Union Bank of India | Dai-ichi Life

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 (9:00 am to 7:00 pm – Mon to Sat)
Email: customercare@sudlife.in | Website: www.sudlife.in | IRDAI Regn. No. 142 | CIN: U66010MH2007PLC174472

Protecting Families, Enriching Lives!

Customer Acknowledgement Copy-Individual Death Claim Form

Policy Number		Name of Claimant	
Name of Life Assured		Date	D D M M Y Y Y Y
Branch Name			
Employee Name			
Employee Sign		Company Stamp	

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