

CLAIM FORM



SUD Life Pradhan Mantri Jeevan Jyoti Bima Yojana

(to be completed by the Claimant & Bank)

1. NAME OF THE SCHEME : SUD Life Pradhan Mantri Jeevan Jyoti Bima Yojana
2. POLICY NO. :
3. FULL NAME AND ADDRESS OF THE BANK :
4. NAME OF THE DECEASED MEMBER :
5. SAVINGS BANK ACCOUNT NO. OF DECEASED MEMBER:
6. DATE OF ENTRY INTO SCHEME BY MEMBER :
7. DATE OF DEATH OF MEMBER :
8. CAUSE OF DEATH :
9. NAME OF NOMINEE * :
10. RELATIONSHIP OF NOMINEE:
11. ADDRESS OF THE NOMINEE :
12. MOBILE NO. OF THE NOMINEE:
13. DETAILS OF SAVINGS BANK ACCOUNT OF NOMINEE:

IFSC CODE:

SAVINGS BANK ACCOUNT NO. :

We hereby declare that the answers to all the above questions are true in every respect and this is the only claim preferred under the Pradhan Mantri Jeevan Jyoti Bima Yojana for the above deceased member. We enclose **Death Certificate** as the proof of death of the Member along with a duly executed discharge form.

**In case the Nominee is a minor, the Guardian/Appointee may fill in the claim form.*

(Signature of the Nominee* /Claimant)

We hereby certify that the above member was covered under the SUD Life Pradhan Mantri Jeevan Jyoti Bima Yojana Scheme and premium was debited from his bank account on the renewal date prior to his death and remitted to Star Union Dai-ichi Life Insurance Company Limited. We also certify that as per our records, Shri/Smt. _____ is the nominee of the above insured Member for the said scheme.

PLACE: _____

(Signature of authorized official of the Bank)

DATE: _____

SEAL

Encl: Death Certificate & Discharge Form

Star Union Dai-ichi Life Insurance Company Limited

Registered Office: 11th Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38 Sector 30 A, of IIP, Vashi, Navi Mumbai – 400703

Toll Free No.: 18002668833 (8.00 am to 8.00 pm – Mon to Sat) • Board Line No.: 022-39546200 •

Fax No: 022-39472811 • Email: customercare@sudlife.in • Website: www.sudlife.in

**DISCHARGE RECEIPT FOR PAYMENT UNDER
SUD Life Pradhan Mantri Jeevan Jyoti Bima Yojana Scheme**

Policy No:

Name of the Bank:

I/We, _____ do hereby acknowledge receipt from the Star Union Dai-ichi Life Insurance Company Limited., a sum of Rs.2,00,000/- (Rupees Two lakhs only) in full satisfaction and discharge of all our claim/s under the above policy on the life of Mr./Ms. _____, covered under this scheme under Savings Bank Account No., _____.

Dated at _____ this _____ day of _____ 20

Witness: _____



(Signature of the Nominee* /Claimant)

Details of nominee / appointee (in case nominee is minor):

Name : _____

Mobile No. : _____ E-mail Id: _____

Aadhar Number (if available) : _____

Bank Account No. : _____

Name of the Bank : _____ Branch: _____

Address: _____

IFSC Code : _____

{Copy of cancelled cheque to be attached (if available)}

**In case the Nominee is a minor, the Guardian/Appointee may fill in this form.*

(Signature of the Nominee* /Claimant)

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