



ADVANCE DISCHARGE VOUCHER - DEATH CLAIM PROCEEDS

POLICY DETAILS

Policy No., Name of Policyholder, Name of Life Assured, Flat/Plot No., Building Name, Road, Landmark, City/District, State, Pin Code, Phone No., Email ID

DECLARATION

I, Mr/Ms/Mrs./Dr. the Nominee; hereby acknowledge receipt of ₹ (in figures), (in words) by Star Union Dai-ichi Life Insurance Company Ltd as full and final settlement towards the above mentioned policy on the life of Mr/Ms/Mrs./Dr.

Details of Payment:

Sum Assured under the policy: ₹, Less: Mortality Charges: ₹, Less: Fund Value Already Paid: ₹ (If Applicable), Net Claim Amount payable ₹

Please affix Re 1/- revenue stamp & sign across the stamp

Claimant/Nominee:

Name, Address, Contact No., Signature/Thumb Impression, Date, Place

Witness:

Name, 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 Physiscian 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.)

DECLARATION TO BE MADE BY THIRD PARTY IF:

Policyholder has affixed thumb impression OR Policyholder has signed in vernacular OR Policyholder has not filled the Application.

I, Mr./Ms./Dr. Address

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

Signature of Declarant: Place: Date: