



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

IRDA REGN. NO. 142

**Claim Intimation Form**

**Policy Type (Please tick the appropriate box):**

**Group Gratuity Plan**

**Group Leave Encashment Plan**

**I: Common details (whether the Scheme is Gratuity, Leave Encashment)**

Name of the Company																				
Master Policy No.																				
<b>Particulars of the Insured Member:</b>																				
*Full name of the Employee ( As in the data sent to us)																				
Employee code / ID																				
Date of Birth																				
Date of Joining Service																				
Date of Entry into the scheme																				
Date of Exit																				
Mode of Exit (Death/ Retirement / Resignation/ Disability / Others )																				
Cause of Death																				
<b>Mandatory documents to be attached in case the claim is due to death:</b> 1. Death Certificate issued by Municipality / Nagar Parishad Gram Panchayat (original / attested copy) 2. FIR/ Panchanama / Police Inquest / Post Mortem Report ( In case of Accidental Death) 3. Leave Records prior to the date of commencement of policy																				
<b>II: In case of Gratuity</b>																				
Salary : (As defined in the Rules for Gratuity Calculation)																				
Basic +DA (in Rs)																				
Gratuity Benefit Payable ( in Rs)																				
<b>III: Leave Encashment</b>																				
No of days leave eligible for encashment : (in days)																				
No of leaves encashed																				
Eligible leave salary	Rs.	per day	OR	Rs.	per month															
Total leave Encashment benefit payable ( in Rs)																				



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<b>IV: Direct Fund transfer Details</b>	
<b>Name of the Bank</b>	
<b>Bank Account No. &amp; Name</b>	
<b>Bank Branch Name &amp; Code</b>	
<b>Nature of Account</b>	
<b>IFSC code</b>	
<b>MICR Number</b>	
<p>I/We 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. I also certify that the Insured Member was actively at work at the time of joining the policy and was also employed at the time of death/exit. I also confirm that the person claiming the benefits is the beneficiary as designated by the Insured Member and registered with us.</p> <div style="text-align: right; margin-right: 50px;"> </div> <p>_____</p> <p><b>Signature of the Authorised Signatory / Trustees of Employees</b> _____</p> <p><b>Group Gratuity/ Group Leave Encashment.</b></p>	

<b>Advance Discharge Voucher</b>		
<p>I/We, _____ ( Name of the Master Policyholder ) 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 under the reported death/Exit claim under Employee ID No. / Membership No. _____ on the life of Mr. / Mrs. / Ms. / _____, who died/exited on date _____.</p>		
<p><b>Please affix Re. 1/ Revenue Stamp and sign across the stamp</b></p>		<p><b>Full postal address of the Master Policy Holder</b></p>
<p><b>Authorized Signatory should sign across the revenue stamp.</b></p>	<p><b>Seal of the Master Policy Holder</b></p>	
<p>Declaration: We hereby declare that the information given above is correct to the best of our knowledge and belief. The information has been received and confirmed at our end and after due diligence is observed, the same has been re-produced herewith while filling this Claim Intimation Form - Groups. We also declare that we are the sole beneficiaries under the Group Claim paid vide this Discharge Form. The amount mentioned is the full and final amount covered under the said master policy for this Life Assured.</p>		
<p>_____ Signature of the Witness</p>	<p>_____ Signature of the Authorized Signatory</p>	
<p><i>* All columns have to be filled up compulsorily, without which the claim form cannot be accepted.</i></p>		



**Star Union Dai-ichi**  
**Life Insurance**

A joint venture of  
  

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

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**Star Union Dai-ichi Life Insurance Company Limited**

Registered Office: 11<sup>th</sup> Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai – 400 703.

Toll Free No.: 1800 266 8833 (9:30 am to 6:30 pm – Mon to Sat) | Tel.: 022-7196 6200 | Fax: 022-7196 2811

Email: [customercare@sudlife.in](mailto:customercare@sudlife.in) | Website: [www.sudlife.in](http://www.sudlife.in) | IRDAI Regn. No. 142 | CIN: U66010MH2007PLC174472

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*We mean life!*