



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

IRDA REGN. NO. 142

**Claim Form Death Claim**

**Documents to be submitted depending upon the cause of death of the Employee / Member are listed below :**

<b>Natural</b>	1. Duly attested Death Certificate of the Employee / Member
<b>Accident</b>	1. Duly attested Death Certificate of the Employee / Member 2. Copy of : A. First Information Report B. Spot Panchanama C. Post Mortem Report

**Any other form if required shall be sent by SUD Life on receiving this intimation form duly signed by Group Administrator**

*Group Policy Number	
*Group Policy Holder Name	
<b>Particulars of the Insured Member:</b>	
*Full name	
*Residential Address	
*Date of birth (as per records)	
*Date of death and Time of Death	
*Cause of death	
*Place of death	
*Past Illness details	
Was the member hospitalised in the last 5 yrs	
Name of the beneficiary and the relation with insured	
Contact No/ email id of the beneficiary	
Loan Account No	
Branch Name & code	
Loan Amount disbursed	



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Loan outstanding as on the date of death.

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 an employee of the organisation/Member of the group at the time of death, and also confirm that the person claiming the benefits is the beneficiary as designated by the Insured Member and registered with us.

Signature of authorized signatory

Name & Designation

Company Seal

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

**Advance Discharge Voucher**

We,) do hereby acknowledge that the Star Union Dai-ichi Life Insurance Company Ltd. has paid us a sum of Rs. \_\_\_\_\_, ( in words Rs. \_\_\_\_\_ )  
y as full and final settlement, under the reported death claim under Certificate of Insurance No/  
Membership No. \_\_\_\_\_ on the life of Mr. / Mrs. / Ms. / \_\_\_\_\_,  
who died on date : \_\_\_\_\_. We acknowledge that Star Union Dai-ichi Life Insurance Company Ltd. has  
paid us a sum of Rs. \_\_\_\_\_, ( in words Rs. \_\_\_\_\_  
\_\_\_\_\_ towards the outstanding loan balance of the Insured Member to the  
Master Policyholder and balance amount of Rs. \_\_\_\_ ( Rupees \_\_\_\_\_ only) to the Nominee/Beneficiary  
Herewith find enclosed : 1. Attested Copy of the Death Certificate , 2. A. First Information Report  
B. Spot Panchanama C. Post Mortem Report  
( Please tick the enclosures sent along with this intimaiton form ).

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

**Seal of the Master Policy  
Holder**

**Full postal address of the Master  
Policy Holder**

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

**Information**



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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 shall depend on the cause of death of the member.

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

By Fax : Please fax this Death Claim Intimation form along with the attested scanned copy of Death Certificate on Fax No. 022 - 39546211 / 022 - 39546312

By Courier : Please send this Death Claim Intimation form along with the attested scanned copy of the Death Certificate on Following Address : Death Claim Department, Star Union Dai -ichi Life Insurance Company Limited, 11th Floor, Raghuleela Arcade, Sector 30 A, Opposite Vashi Railway Station, Vashi, Navi Mumbai - 400703

*\* All columns have to be filled up compulsorily, without which the claim form cannot be accepted.*

**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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