

E-Statement Registration Form



Date:

Client ID*: or Policy No*:

Name of Policyholder:

Address:

Contact No.: Mobile*: Residence: -

Email ID*:

*** - Mandatory Fields (email ID is mandatory for processing your request. Kindly enter email id which is already registered with us)**

If you wish to add/change/correct the email ID, then Please provide the new email id below:

New email ID**:

**** - This new email ID will be updated in our system for sending future communications.**

I hereby declare that I would like to enrol for E-Statements and I request you to kindly register my E-mail ID in your records to send all the future communications through electronic medium. In case of any change in my email I shall update the same with the Company.

E-Statement Terms & Conditions:

- The E-Statement is an optional facility to the policy holders.
- On signing up for E-Statement, the policyholder is eligible to receive renewal premium notice, renewal premium receipt and other policy related communications for all policies under the customer ID, if properly registered with SUD Life.
- On agreeing to avail the facility of Go Green, the policyholder agrees, and understands the SUD Life may still send certain communications through hard copy form.
- Policyholder agrees the e-communications will be sent to the E-mail address as provided by the policyholder to SUD Life and further it is the sole responsibility of the policyholder to ensure that the correct E-mail address is provided to SUD Life for sending the e-communications. If at any point in time, policyholder comes to know that his/her E-mail address has been compromised; the policyholder shall immediately deactivate this facility and inform SUD Life of the same.
- SUD Life would be deemed to have delivered the e-communication to the policyholder, immediately on policyholder's receipt of its availability. Policyholder will be obliged to download and may print the e-communication if needed, after receiving the same from SUD Life. However, if policyholder experiences any difficulty in accessing the electronically delivered communication, the policyholder shall immediately intimate SUD Life, to enable SUD Life, to arrange the delivery through alternate mode/form. Failure to intimate SUD Life, of such difficulty within 24 hours after policyholder's receipt of the e-communication, shall be deemed to be a confirmation of receipt of e-communication by the policyholder.
- Policyholder understands that internet transmission lines are not encrypted and the E-mail is not a secure means of transmission. Policyholder accepts that such unsecured transmission methods involve the risk of unauthorized alteration of data or unauthorized usage for whatever purposes. Policyholder agrees to exempt SUD Life, from, any and all responsibility/liability arising from such misuse and agree not to hold SUD Life, responsible for any such misuse and further agree to hold SUD Life free and harmless from all losses, costs, damages, expenses that may be suffered by policyholder due to any errors, delays or problems in transmission or unauthorized/illegal interception, alteration, manipulation of electronic data or otherwise caused by using E-mail as a means of transmission.
- SUD Life is not liable to verify any authenticity of the E-mails.
- The Policyholder shall at all times be responsible for updating the details with SUD Life from time to time to receive this service uninterrupted.
- Policyholder shall not hold SUD Life responsible if they do not receive communications due to incorrect E-mail address and technical reasons beyond the control of SUD Life.
- Policyholder confirms to have read and understood the Terms & Conditions pertaining to usage of Go Green facility.
- SUD Life, at its own discretion at any time, may discontinue/alter/modify the facility as per the terms and conditions as specified therein at the sole discretion of SUD Life.
- Policyholder understands and agrees that SUD Life does not assure continuous and uninterrupted services under this initiative.

I hereby agree to all the above mentioned terms and conditions.

Date: _____

Place: _____

Signature of Policyholder

(For office use only. To be filled in by the receiving Branch)

I confirm that I have verified the policyholder's signature with our records and have successfully registered the customer ID for E-Statements.

Request Inward Date: _____ Name & Designation: _____

Registration Date: _____ Employee Code: _____ Branch: _____

Signature

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)

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