



Claim Intimation form – GTI / GSLI

Name of the Company																			
Master Policy No.																			
Particulars of the Insured Member:																			
*Full name																			
*Residential Address																			
*Designation																			
Nature of duties																			
*Date of Joining the Service																			
*Date of Joining the Policy																			
*Member ID/Employee No.																			
Place of work												Location:							
*Last Drawn Salary (applicable for death claims)	Monthly											Annual							
*Band / Grade																			
*Nature and Duration of leave taken during last 1 year																			
Mode of Exit (Death/Resignation/Retirement)																			
Date of birth (as per records)																			
*Date of Exit																			
*Cause of death																			
*Place of death																			
*Beneficiary/ies of the Insured Member, Relationship with insured, % of shares and to whom the claim amount is payable																			



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.

Signature of authorized signatory
Name & Designation
Company Seal

Date Phone no.

*Applicable only for Death claims.

All columns have to be filled up compulsorily, without which the claim form cannot be accepted. Kindly put NA whichever field is not applicable.

Advance Discharge Voucher

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 of all our claims and demands in respect of Mr/Mrs/Ms who expired /left service/retired on

(Applicable for death claims) 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 intimation form)

Table with 3 columns: Revenue stamp/signature area, Seal of the Master Policy Holder, Full postal address of the Master Policy Holder.

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 Death 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.

Signature of the Witness

Signature of the Authorized Signatory



Information

Various options for submission of Death Claim Intimation of the Employee / 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 / employee.

By e-mail : Kindly submit this Death Claim Intimation form at 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