



STAR UNION DAHICHI LIFE INSURANCE CO. LTD.

IRDA REGN. NO. 142

Claim Intimation Form – Group Term

Name of the Company													
Master Policy No.													
Particulars of the Insured Member:													
Full name													
Residential Address													
Date of birth (as per records)													
Date of Joining the Policy													
COI No.													
Type of Death	<input type="checkbox"/> Natural			<input type="checkbox"/> Accidental									
Date of Death													
Cause of Death													
Place of Death													
Nominee of the Insured Member,													
Telephone No. / Mobile No. of the Nominee													
Relationship with the Assured													
Nominee Saving account no													
Bank Name													
IFSC code													
Copy of Bank Pass Book of the Nominee attached	MANDATORY												
To be Filled by Master Policy Holder:													
Account Number of the Life Assured													
Premium Debit Date													
Premium Amount													
Basic Sum Assured													
Branch Name													
Branch Code													



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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.

Sign

Name and Signature of Beneficiary/ies

Date _____ Phone no. _____

Seal

Signature of Bank Branch Manager with Bank Seal

Contact No. / Mobile No. of the Bank Branch Manager : _____

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

I, _____ (Name of the Beneficiary) 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 claims and demands in respect of Mr/Mrs/Ms _____ (Name of Life assured) who expired on _____

Please affix Re. 1/ Revenue Stamp and sign across the stamp		Full postal address of Beneficiary
Claimant should sign across the revenue stamp.		

Declaration: We hereby declare that the information given above is correct to the best of our knowledge and belief. 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 Beneficiary

Signature of Bank Branch Manager with Bank Seal



Information	
Documents to be submitted depending upon the cause of death of the Member are listed below :	
Cause of Death	List of documents required to be submitted along with this intimation form
Natural	1. Death Certificate of the Member duly attested by Group Administrator
	2. Copy of Bank Passbook of the Life Assured showing premium debit entry, duly attested by Group Administrator
	3. Original COI
	4. Copy of Bank Passbook of the Nominee / Beneficiary or Cancelled Cheque (with pre-printed name of the Nominee)
Accident	1. Death Certificate of the Member duly attested by Group Administrator
	2. Copy of : A. First Information Report B. Spot Panchanama C. Post Mortem Report
	3. Copy of Bank Passbook of the Life Assured showing premium debit entry, duly attested by Group Administrator
	4. Original COI
	5. Copy of Bank Passbook of the Nominee / Beneficiary or Cancelled Cheque (with pre-printed name of the Nominee)

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 :

By e-mail : Kindly submit this Death Claim Intimation form at groupclaims@sudlife.in from official e-mail id of the Authorized Signatory along with the attested scanned copy of the Death Certificate and Claim Documents

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