

ADVANCE DISCHARGE VOUCHER - DEATH CLAIM PROCEEDS

IRDA REGN. NO. 142

POLICY DETAILS

Policy No.:
 Name of Policyholder:
 Name of Life Assured:
 Flat/Plot No.: Building Name:
 Road: Landmark:
 City/District: State:
 Pin Code: Phone No.:
 Email ID:

DECLARATION

I, Mr/Ms/Mrs./Dr. _____
 the Nominee; hereby acknowledge receipt of ₹ _____ (in figures), _____
 (in words) by Star Union Dai-ichi Life Insurance Company Ltd as full and final settlement towards the above mentioned policy on the life of
 Mr/Ms/Mrs./Dr. _____.

Details of Payment:

Sum Assured under the policy: ₹ _____
 Less: Mortality Charges: ₹ _____
 Less: Fund Value Already Paid: ₹ _____
 (If Applicable)
 Net Claim Amount payable ₹ _____

Please affix
 Re 1/-
 revenue stamp
 & sign across
 the stamp

Claimant/Nominee:

Name: _____
 Address: _____

Witness:

Name: _____
 Address: _____

Contact No.: _____

Contact No.: _____

Signature/
 Thumb
 Impression:

Signature/
 Thumb
 Impression:

Date:
 Place:

Date:
 Place:

(The person signing as witness should be 1) Lawyer 2) Specified person of Bank / AVP - Bancassurance Manager of SUD Life 3) Bank Branch Manager 4) Block Development Officer 5) Commissioner of Oaths 6) Family Physiscian 7) Govt. Gazetted Officer 8) Head Master / Head Mistress 9) Head Post Master 10) Magistrate 11) Sarpanch / Police Patil; and shall not be related to the deceased in any manner.)

DECLARATION TO BE MADE BY THIRD PARTY IF:

Policyholder has affixed thumb impression OR Policyholder has signed in vernacular OR Policyholder has not filled the Application.

I, Mr./Ms./Dr.
 Address

having know the policyholder for a period of (month/years); do declare that I have explained the contents of this form to the policyholder in his/her language and have truthfully recorded the answers provided by him/her. I further declare that the policyholder has affixed his signature/thumb impression in my presence.

Signature of Declarant: _____ Place: _____ Date: _____

Star Union Dai-ichi Life Insurance Company Limited

Registered Office: 11th Floor, Vishwaroop I.T. Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai - 400 703.

☎: 18002668833 (Toll free) / 022-39546300 (landline) - 8:00 am to 8:00 pm (Mon - Sat).

Email: customercare@sudlife.in | Website: www.sudlife.in | IRDA Regn. No. 142 | C.I.No. U66010MH2007PLC174472