

INDIVIDUAL DEATH CLAIM FORM

For Official Use	Only						
Branch Name:				Branch Code:			
Interaction ID:						Photograph	
Employee Name:						of Claimant Beneficiary/Nominee	
Employee Code:			Sign:			Beneficial y/Norminee	
Date: D D M	M Y Y Y Y	Time: On or Before 3	PM After 3PM				
SECTION A*							
POLICY DETAILS	S						
Policy Number(s)	:						
SECTION B*							
	E ASSURED (LA)						
Name of Life Assu	ured: Mr. Ms.	FIRST	M	I D D L E		L A S T	
Father's Name:	FIF	R S T	M	I D D L E		L A S T	
Date of Death	D D M N	M Y Y Y Y					
Place of Death	Hopsital and	Clinic Residence	Office Other	(Please specify)			
Family Doctor: Na	ıme	F	egistration No	Co	ontact No		
Doctor who confir	med Death:						
Name		Regi	stration No		Contact No		
Last Employer de	tails (If applicable):						
Name of the Com	pany	Nam	e of contact person		Contact No		
Nature of Death	Death due to	specific illness Death	due to age related issues	Accident	Murder	Suicide	
Cause of Death _							
Nature of Illness	and Habit of the insur	ed			Date of o	diagnosis of illness	
Hypertension	n Diabetes	Heart disease	Liver disease				
Kidney disea	ase Cancer	Other					
Smoking	Tobacco	Alchohol If yes, Dur	ation of Consumption			& Quantity Consumed	
Other Insurance	details with SUD Life	& Outside SUD Life: Including	Life Insurance and Health I	nsurance			
	licy No.	Company Name	Sum Assured	Life / Health	Status (Active/Lapsed	d/Claim Applied/Matured)	
1.							
3.							
				W. OUD IV			
	arv/Nominee Name:	Mr. Ms.				tilled for each claimant)	
	D D M M Y			1 2 2		2 // 0 1	
Date of Birth:			1 4	A S T			
Address:	BUILDING ROADNAME/NO						
	В 0 1	L D I N G					
				ANDMAR	(
		TY/VILLA					
	D_I	STRICT	S T A T E				
Pincode:							
Contact No.:	0	F F I C E	R E S I	D E N C E	M	O B I L E	
Office & / or Perso	onal Email ID:						
Relation with the I	_ife Assured: Spc	ouse Children P	arents Others		S P E C	I F Y	
Claimant's Beneficiary/NomineeTitle: Nominee Executor Trustee Appointee Employer Assignee Beneficiary							
Claimant's Benefi	aiam /Namainaa DAN data	-11		\neg			
Ciaimant's Denem	ciary/Nominee PAN deta	alis:	Or Form 60				
Politically exposed	. — -	No	Or Form 60 [_				

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CLAIMANT BENEFICIARY/NOMINEE NEFT MANDATE/ BANK ACCOUNT DETAILS In case of children's plans, if beneficiary is a major, please provide beneficiary's account details IFSC Code (11Characters) Active Bank Account No.: _ Account Holder Name: __ Bank Name & Branch: . Account Holder's Name Account Type Savings Current NRO NRE MICR Code (9 Characters) IFSC: _ MICR: _ Mandatory for Pension Plans, Please indicate how you would like to receive the benefits Entire amount as lumpsum Entire amount as Annuity Part as annuity Part as Lumpsump As Installments Blank space for companies to input product specific payout methods **SECTION C* DECLARATION AND AUTHORISATION** • I here declare all the details filled/furnished above are true correct to the best of my knowledge & belief. • I hereby warrant the truth and correctness of the foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppress or conceal any material fact, my right to claim may be absolutely forfeited. · I understand and agree that the submission of this form does not mean that the request will be processed for payment. · I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions. · Any payment shall be subject to realization of the last renewal premium payment. • I authorise all the medical establishments (medical labs included), government institutions (police, revenue, etc.) to reveal the treatment information including any retro-viral diseases and others, related to the LA, to Star Union Dai-ichi Life, from both the past and present. · A photo copy of this declaration shall be considered as valid and effective. · I authorise Star Union Dai-ichi Life to share and obtain information on behalf of me with any reinsurer, insurance association, medical authorities, other insurers, statutory authorities, employer, court, governmental body, regulator using an investigation agency or other service hereby provide my consent for the same. • In case of valid full/partial assignment of policy,require declaration from assignee regarding outstanding due against security of policy with assignee/payee NEFT mandate because assignment affect the rights of the nominee only to the extent of the interest of the transferee or assignee in the policy. Date: D D M M Y Y Y Y Place _ Signature of Claimant Beneficiary / Nominee DECLARATION TO BE MADE BY A THIRD PERSON (In case of Thumb impression/Non-English signature) The Policyholder has affixed his/her thumb impression/has signed in vernacular/has not filled the application. I hereby declare that the content of this application form has been ___ language and have truthfully recorded the answers provided to me. I further declare that the explained to the Policyholder in __ Policyholder has signed/affixed his/her thumb impression in my presence. Name of the Declarant: _ Address: Date: DDMMYYY Place Signature of Declarant Important Note: In case of any demand or favour asked by anyone including a company representative towards claim processing or settlement, the same should not be entertained and must be reported to the company immediately on the company's email id: claims@sudlife.in

INSTRUCTION FOR FILLING UP THE FORM

A. IMPORTANT INFORMATION (Please read before filling the form)

- 1. The form should be filled by the claimant beneficiary/nominee only. In case the claimant beneficiary/nominee is a minor, the guardian/appointee may fill the form
- 2. Claims under multiple policies may be registered by filling a single form & providing all applicable policy numbers
- 3. In case of more than one claimant beneficiary/nominee, separate forms need to be filled for each claimant beneficiary/nominee
- 4. If the claim belongs to different type such as insurance on loan or PMJJBY scheme or Health, seperate claimform corresponding to the type need to be filled
- 5. Please read the declarations carefully and the claimant beneficiary/nominee should sign the claim form in the same manner as you normally sign your cheque
- 6. Claim is payable subject to fulfillment of all terms and conditions of the policy
- 7. No fee or commission should be paid to anyone to process this claim
- 8. Make sure your address, phone numbers and email ID are current and active as the correspondence will happen through this only
- 9. Asterisk (*) refers to mandatory information

B. DOCUMENTS TO BE SUBMITTED

MANDATORY DOCUMENTATION AT THE POINT OF CLAIM NOTIFICATION

- 1 Completely filled & signed Claim Intimation form from Nominee
- 2 Original Death Certificate / Attested copy of death certificate issued by local authority
- 3 Photo ID proof of nominee (Any document from below list-Preferably PAN card)
- 4 Address proof of nominee (Any document from below list-Preferably Aadhar card)
- 5 Nominee Bank proof preferably copy of Passbook, cancelled cheque
- 6 If the cause of death is related to natural/any illness, Copy of medical documents including:
 - a) Last attending doctor's certificate stating the exact cause of death along with antecedent cause and other significant conditions leading to death
- b) Hospitalization documents (discharge summary, all investigation/Diagnosis reports) in case the Member was treated for any illness related to the cause of death
- 7 If the death is due to an accident/any other unnatural cause or death is intimated to police, the supporting documents including:
 - a) Certified copy of the FIR/ Panchnama duly attested by police officials
 - b) Certified copy of the Postmortem Report/Autopsy Report
 - c) Copy of Newspaper Cutting
 - d) Certified copy of the Viscera report if available

Disclaimers: 1. Copies to be submitted and originals to be presented at the time claim submission,

2. Star Union Dai-ichi Life Insurance Company reserves the right to ask for more information/ documents, if required

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C. LIST OF VALID IDENTITY & ADDRESS PRO PHOTO IDENTIFY PROOF (ANY ONE)	OFS (Please tick the doc	cument submitted)	ADDRESS PROOF (ANY ONE)	
Claimant's Beneficiary/Nominee PAN CARD	Valid Passport	Voter ID Card	Valid Passport	
Masked Aadhar Card Copy*	Valid Driving Licer	nse	Voter ID Card	
Bank Passbook with stamped photograph (r	not more than 6 months old	d)	Masked Aadhar Card Copy*	
ID Card Issued by Central/State Govt. to em	ployees		Valid Driving License	
Any other Central/State Govt. issued ID			Bank Passbook with stamped photograph (not more than 6 months	old
*I voluntarily provide my consent to use my Aadh	ar to conduct identity chec	ck towards KYC compliance	e by Star Union Dai-ichi Life	
D. NOTE: CLAIMANT BENEFICIARY/NOMINEE	NEFT MANDATE/ BANK	CACCOUNT DETAILS		
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- A cancelled personalised cheque with the account no. and IFSC should be submitted along with the NEFT mandate. If the cheque is not personalised, a latest bank statement
 or copy of passbook (where account number and IFSC is mentioned) needs to be submitted with the mandate.
- · This mandate, upon processing, will override any of the previously tagged NEFT mandates for all policies, held by the client with Star Union Dai-ichi Life.
- In case of NEFT failure or any further requirements pending on the mandate, payout will be kept on hold till fresh NEFT mandate is received.
 Intimation will be sent to you for the same.

*Refund to NRE account (full or proportionate) will be subject to ratio of premium(s) paid through NRE Account. Please submit a Bank Statement or Bank Confirmation letter as an evidence for premium(s) paid through NRE account.

##In case of proportionate payout, please provide two NEFT mandates i.e. for NRE account and non-NRE account.

CUSTOMER ACKNOWLEDGEMENT COPY-INDIVIDUAL DEATH CLAIM FORM					
Policy NoBranch Name / Interaction ID					
Employee Name	Date				
Employee Sign	Employee Code				
	Branch Stamp				

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.

Toll Free No.: 1800 266 8833 (9.00 am to 7.00 pm - Mon to Sat) • Email ID: customercare@sudlife.in • Website: www.sudlife.in IRDAI Regn. No.: 142 • CIN: U66010MH2007PLC174472

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