

ADVANCE DISCHARGE VOUCHER - DEATH CLAIM PROCEEDS

IRDA REGN. NO. 142

POLICY DETAILS

Policy No.:	<input type="text"/>
Name of Policyholder:	<input type="text"/>
Name of Life Assured:	<input type="text"/>
Flat/Plot No.:	<input type="text"/> Building Name: <input type="text"/>
Road:	<input type="text"/> Landmark: <input type="text"/>
City/District:	<input type="text"/> State: <input type="text"/>
Pin Code:	<input type="text"/> Phone No.: <input type="text"/>
Email ID:	<input type="text"/>

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: _____
Contact No.: _____
Signature/
Thumb
Impression:
Date:

Witness:

Name: _____
Address: _____
Contact No.: _____
Signature/
Thumb
Impression:
Date:

(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) - 9:00 am to 7:00 pm (Mon - Sat).

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

Trademark used under licence from respective owners.