

STAR UNION DAI-ICHI LIFE INSURANCE CO. LTD.

IRDA REGN. NO. 142

IV: Direct Fund transfer Details	
Name of the Bank	
Bank Account No. & Name	
Bank Branch Name & Code	
Nature of Account	
IFSC code	
MICR Number	
<p>I/We 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.</p> <div style="text-align: right; margin-right: 50px;">  </div> <p>_____</p> <p>Signature of the Authorised Signatory / Trustees of Employees _____</p> <p>Group Gratuity/ Group Leave Encashment.</p>	

Advance Discharge Voucher		
<p>I/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 under the reported death/Exit claim under Employee ID No. / Membership No. _____ on the life of Mr. / Mrs. / Ms. / _____, who died/exited on date _____.</p>		
<p>Please affix Re. 1/ Revenue Stamp and sign across the stamp</p>		<p>Full postal address of the Master Policy Holder</p>
<p>Authorized Signatory should sign across the revenue stamp.</p>	<p>Seal of the Master Policy Holder</p>	
<p>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 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.</p>		
<p>Signature of the Witness _____</p>		<p>Signature of the Authorized Signatory _____</p>
<p><i>* All columns have to be filled up compulsorily, without which the claim form cannot be accepted.</i></p>		

Star Union Dai-ichi Life Insurance Company Limited

Registered Office: 11th Floor, Vishwaroop IT 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)

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