

CLAIM INFORMATION FORM (FORM A)



A joint venture of



PLEASE SUBMIT SELF ATTESTED COPY OF THE PAN CARD OF CLAIMANT / NOMINEE ALONG WITH THIS FORM

Death Claim Critical Illness Dismemberment

Page | 1

IRDA REGN. NO. 142

Important-Mandatory Documents to be submitted along with claim Intimation Form

1. Original policy documents
2. Address Proof and Identity Proof of the Claimant-Self Attested
3. Copy of Death Certificate of the Life Assured
4. Cancelled cheque with pre-printed name of the Claimant/Self attested Bank Statement/Pass Book attested by Bank
5. PAN of the claimant

DETAILS OF LIFE ASSURED

Policy No.:
Name of Life Assured:
Flat/Plot No.: Building Name:
Road: Land Mark:
City/District: State: Pin Code:
Contact No.: Email ID:
Date of Birth: Occupation:

DETAILS OF CLAIMANT

Name of Claimant:
Date of Birth of Claimant/Nominee: Relation with Deceased (Insured):
Appointee Name (If Claimant/Nominee is minor):
Flat/Plot No.: Building Name:
Road: Land Mark:
City/District: State: Pin Code:
Contact No.: Email ID:
1. Are you resident of jurisdiction outside India? Yes No
2. Are you tax resident of jurisdiction outside India? Yes No
3. Country of residence/ tax residence _____
(In case if the answer to any of the above question is Yes, then kindly submit FATCA CRS self certification)

DETAILS OF DEATH OF THE LIFE ASSURED

Date of Death: Place of Death: Time of Death: (AM/PM)
Cause of Death: _____
If cause of Death is due to Accident provide date of Accident: _____
Was death reported to police (If Yes, Copy of FIR attached): Yes No

BANK ACCOUNT DETAILS OF CLAIMANT

Bank Name:
Branch Address:
Bank A/C No: Type Account:
IFSC Code: MICR Code:
Nominee Name as per Account:
Permanent Account Number (PAN):

CLAIM DISBURSAL OPTION IN CASE OF PENSION PLAN - (Applicable only for Dhruv Tara & New Dhruv Tara Plan)

I wish to choose the below option for my Pension Plan claim disbursement (any one)

- Fund Value or Sum Assured for my Pension Plan claim disbursement
- To commute 1/3rd of the Fund Value or Sum Assured to be paid to me in Lumpsum of the Fund Value or Sum Assured should be drawn in favor of Star Union Dai-ichi Life Insurance Co. Ltd. **OR** _____
(Please write the name of the insurance company from where you want to purchase annuity in the given space) as full and final settlement
- Full Fund Value or Sum Assured should be drawn in favor of Star Union Dai-ichi Life Insurance Co. Ltd.
OR _____
(Please write the name of the insurance company from where you want to purchase annuity in the given space) as full and final settlement

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)

Email: customercare@sudlife.in | Website: www.sudlife.in | IRDAI Regn. No. 142 | CIN: U66010MH2007PLC174472

Trademark used under licence from respective owners.

