

STAR UNION DAHICHI LIFE INSURANCE CO. LTD.

IRDA REGN. NO. 142

Claim Intimation Form – Group Term

Name of the Company	
Master Policy No.	
Particulars of the Insured Member:	
Full name	
Residential Address	
Date of birth (as per records)	
Date of Joining the Policy	
COI No.	
Type of Death	<input type="checkbox"/> Natural <input type="checkbox"/> Accidental
Date of Death	
Cause of Death	
Place of Death	
Nominee of the Insured Member,	
Telephone No. / Mobile No. of the Nominee	
Relationship with the Assured	
Nominee Saving account no	
Bank Name	
IFSC code	
Copy of Bank Pass Book of the Nominee attached	MANDATORY
To be Filled by Master Policy Holder:	
Account Number of the Life Assured	
Premium Debit Date	
Premium Amount	
Basic Sum Assured	
Branch Name	
Branch Code	

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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.

Sign

Name and Signature of Beneficiary/ies

Date _____ Phone no. _____

Seal

Signature of Bank Branch Manager with Bank Seal

Contact No. / Mobile No. of the Bank Branch Manager : _____

*All columns have to be filled up compulsorily, without which the claim form cannot be accepted. Kindly put **NA** whichever field is not applicable.*

Advance Discharge Voucher		
<p>I, _____ (Name of the Beneficiary) under the Master Policy no. _____ do hereby acknowledge that the Star Union Dai-chi Insurance Company Ltd. has paid us a sum of Rs. _____ (in words Rs. _____ as full and final settlement of claims and demands in respect of Mr/Mrs/Ms _____ (Name of Life assured) who expired on _____</p>		
<p>Please affix Re. 1/ Revenue Stamp and sign across the stamp</p>		<p>Full postal address of Beneficiary</p>
<p>Claimant should sign across the revenue stamp.</p>		
<p>Declaration: We hereby declare that the information given above is correct to the best of our knowledge and belief. 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 Beneficiary</p>	
<p>_____ Signature of Bank Branch Manager with Bank Seal</p>		



Information	
Documents to be submitted depending upon the cause of death of the Member are listed below :	
Cause of Death	List of documents required to be submitted along with this intimation form
Natural	1. Death Certificate of the Member duly attested by Group Administrator
	2. Copy of Bank Passbook of the Life Assured showing premium debit entry, duly attested by Group Administrator
	3. Original COI
	4. Copy of Bank Passbook of the Nominee / Beneficiary or Cancelled Cheque (with pre-printed name of the Nominee)
Accident	1. Death Certificate of the Member duly attested by Group Administrator
	2. Copy of : A. First Information Report B. Spot Panchanama C. Post Mortem Report
	3. Copy of Bank Passbook of the Life Assured showing premium debit entry, duly attested by Group Administrator
	4. Original COI
	5. Copy of Bank Passbook of the Nominee / Beneficiary or Cancelled Cheque (with pre-printed name of the Nominee)

Various options for submission of Death Claim Intimation of the Member to SUD Life Insurance Company Limited, Vashi, Navi Mumbai 400703. The required forms to be sent by any mode mentioned below :

By e-mail : Kindly submit this Death Claim Intimation form to groupclaims@sudlife.in from official e-mail id of the Authorized Signatory along with the attested scanned copy of the Death Certificate Claim Documents

By Courier : Please send this Death Claim Intimation form along with the attested copy of the Death Certificate and Claim Documents on Following Address : **Claim Department, Star Union Daichi Life Insurance Company Limited, 11th Floor, Raghuleela Arcade, Sector 30 A, Opposite Vashi Railway Station, Vashi, Navi Mumbai 400703**

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

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