ADVANCE DISCHARGE VOUCHER - DEATH CLAIM PROCEEDS

Star Union Dai-ichi Life Insurance

A joint venture of

Bank of India | Union Bank of India | Daiichi Life

IRDA REGN. NO. 142

POLICY DETAILS

Policy No.:

Name of Policyholder:

Name of Life Assured:

Flat/Plot No.: Building Name:

Road: Landmark:

City/District: State:

Pin Code: Phone No.:

Email ID:

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: D D M M Y Y Y Y

Place:

Witness:

Name: _____

Address: _____

_____

Contact No.: _____

Signature/ Thumb Impression:

Date: D D M M Y Y Y Y

Place:

(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 Physician 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: _____