Star Union Dai-ichi Life Insurance
A joint venture of
Bank of India | Union Bank of India | Daiichi Life

STAR UNION DAI-ICHI LIFE INSURANCE CO. LTD. IRDA REGN. NO. 142

Claim Form Death Claim

Documents to be submitted depending upon the cause of death of the Employee / Member are listed below :	
Natural	1. Duly attested Death Certificate of the Employee / Member
Accident	1. Duly attested Death Certificate of the Employee / Member 2. Copy of : A. First Information Report B. Spot Panchanama C. Post Mortem Report
Any other form if required shall be sent by SUD Life on receiving this intimation form duly signed by Group Administrator	

*Group Policy Number													
*Group Policy Holder Name													
Particulars of the Insured Member:													
*Full name													
*Residential Address													
*Date of birth (as per records)													
*Date of death and Time of Death													
*Cause of death													
*Place of death													
*Past Illness details													
Was the member hospitalised in the last 5 yrs													
Name of the beneficiary and the relation with insured													
Contact No/ email id of the beneficiary													
Loan Account No													
Branch Name & code													
Loan Amount disbursed													

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Loan outstanding as on the date of death.	

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 an employee of the organisation/Member of the group at the time of death, and also confirm that the person claiming the benefits is the beneficiary as designated by the Insured Member and registered with us.

Signature of authorized signatory
Name & Designation
Company Seal

Date _____ Phone no. _____

Advance Discharge Voucher

We,) do hereby acknowledge that the Star Union Dai-ichi Life Insurance Company Ltd. has paid us a sum of Rs._____, (in words Rs. _____) y as full and final settlement, under the reported death claim under Certificate of Insurance No/ Membership No. _____ on the life of Mr. / Mrs. / Ms. / _____, who died on date : _____. We acknowledge that Star Union Dai-ichi Life Insurance Company Ltd. has paid us a sum of Rs._____, (in words Rs. _____ towards the outstanding loan balance of the Insured Member to the Master Policyholder and balance amount of Rs. ____ (Rupees_____ only) to the Nominee/Beneficiary
Herewith find enclosed : 1. Attested Copy of the Death Certificate , 2. A. First Information Report
B. Spot Panchanama C. Post Mortem Report
(Please tick the enclosures sent along with this intimaiton form).

Please affix Re. 1/ Revenue Stamp and sign across the stamp Authorized Signatory	**Seal of the Master Policy Holder**	**Full postal address of the Master Policy Holder**
Please affix Re. 1/ Revenue Stamp and Nominee tosign across the stamp		

Information

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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 shall depend on the cause of death of the member.

By e-mail : Kindly submit this Death Claim Intimation form at customercare@sudlife.in from official e-mail id of the Authorized Signatory along with the attested scanned copy of the Death C ertificate.

By Fax : Please fax this Death Claim Intimation form along with the attested scanned copy of Death Certificate on Fax No. 022 - 39546211 / 022 - 39546312

By Courier : Please send this Death Claim Intimation form along with the attested scanned copy of the Death Certificate on Following Address : Death Claim Department, Star Union Dai -ichi Life Insurance Company Limited, 11th Floor, Raghuleela Arcade, Sect or 30 A, Opposite Vashi Railway Station, Vashi, Navi Mumbai - 400703

** All columns have to be filled up compulsorily, without which the claim form cannot be accepted.*