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 Intimation Form for Group Superannuation

Name of the Company	
Master Policy No.	
Particulars of the Insured Member:	
***Full name of the Employee (As in the data sent to us)**	
Employee code / ID	
Date of Birth	
Date of Joining Service	
Date of Entry into the scheme	
Date of Exit	
Mode of Exit **(Death/ Retirement / Resignation/ Disability / Others)**	
In case of death :cause of Death	
Mandatory documents to be attached in case the claim is due to death: **1. Death Certificate issued by Municipality / Nagar Parishad Gram Panchayat (original / attested copy)** **2. FIR/ Panchanama / Police Inquest / Post Mortem Report (In case of Accidental Death)** **3. Leave Records prior to the date of commencement of policy**	
Contribution Details: (In case of Defined Contribution Scheme)	a)Mode: Advance/ Arrears b) Last Renewal Contribution Paid on Advance : Refund for___Days/___Months i.e. Rs._____ Arrears : Final Contr. paid for the period : dd/mm/yyyy
Benefit Details :)	**Pension eligibility : (For Defined Ben. schemes only)** Pensionable Salary *Years Of Service* Rate of pension=Rs._____ **(For both Defined Benefit and Defined Contr. Schemes)** Commuted Value : 1/2(in case no Gratuity is payable) 1/3 [Note : Annuity Form to be filled incase annuity to be purchased from SUD Life]
IV: Direct Fund transfer Details	

STAR UNION DAI-ICHI LIFE INSURANCE CO. LTD.

IRDA REGN. NO. 142

Name of the Bank	
Bank Account No.	
Bank Branch Name & Code	
Nature of Account	
IFSC code	
MICR Number	

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

Seal of the company

_____

Signature of the Authorised Signatory /Trustees of Employees _____

Advance Discharge Voucher

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 _____.

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

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.

_____ Signature of the Witness

_____ Signature of the Authorized Signatory

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