Star Union Dai-ichi Life Insurance

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

INDIVIDUAL DEATH CLAIM FORM

For Official Use Only

Branch Name: _____ Branch Code: _____

Interaction ID: _____

Employee Name: _____

Employee Code: _____ Sign: _____

Date: D D M M Y Y Y Y Time: ☐ On or Before 3PM ☐ After 3PM

Photograph of Claimant Beneficiary/Nominee

SECTION A*

POLICY DETAILS

Policy Number(s): _____

SECTION B*

DETAILS OF LIFE ASSURED (LA)

Name of Life Assured: ☐ Mr. ☐ Ms. F I R S T M I D D L E L A S T

Father's Name: F I R S T M I D D L E L A S T

Date of Death D D M M Y Y Y Y

Place of Death ☐ Hopsital and Clinic ☐ Residence ☐ Office ☐ Other (Please specify) _____

Family Doctor: Name _____ Registration No _____ Contact No _____

Doctor who confirmed Death:

Name _____ Registration No _____ Contact No _____

Last Employer details (If applicable):

Name of the Company _____ Name of contact person _____ Contact No _____

Nature of Death ☐ Death due to specific illness ☐ Death due to age related issues ☐ Accident ☐ Murder ☐ Suicide

Cause of Death _____

Nature of Illness and Habit of the insured

Date of diagnosis of illness

☐ Hypertension ☐ Diabetes ☐ Heart disease ☐ Liver disease

☐ Kidney disease ☐ Cancer ☐ Other _____

☐ Smoking ☐ Tobacco ☐ Alchohol If yes, Duration of Consumption _____ & Quantity Consumed

Other Insurance details with SUD Life & Outside SUD Life: Including Life Insurance and Health Insurance

Policy No.	Company Name	Sum Assured	Life / Health	Status (Active/Lapsed/Claim Applied/Matured)
1.				
2.				
3.				

DETAILS OF CLAIMANT BENEFICIARY/NOMINEE (In case of more than one claimant for policies with SUD Life, separate forms need to be filled for each claimant)

Claimant Beneficiary/Nominee Name: ☐ Mr. ☐ Ms. F I R S T M I D D L E L A S T

Date of Birth: D D M M Y Y Y Y

Address: F I R S T L A S T

B U I L D I N G R O A D N A M E / N O

L A N D M A R K

C I T Y / V I L L A G E

D I S T R I C T S T A T E

Pincode: _____

Contact No.: O F F I C E R E S I D E N C E M O B I L E

Office & / or Personal Email ID: _____

Relation with the Life Assured: ☐ Spouse ☐ Children ☐ Parents ☐ Others S P E C I F Y

Claimant's Beneficiary/NomineeTitle: ☐ Nominee ☐ Executor ☐ Trustee ☐ Appointee ☐ Employer ☐ Assignee ☐ Beneficiary

Claimant's Beneficiary/Nominee PAN details: ☐☐☐☐☐☐☐☐☐☐ Or Form 60 ☐

Politically exposed person: ☐ Yes ☐ No

US Person: ☐ Yes ☐ No (If Yes, please fill FATCA / CRS certification)

CLAIMANT BENEFICIARY/NOMINEE NEFT MANDATE/ BANK ACCOUNT DETAILS

In case of children's plans, if beneficiary is a major, please provide beneficiary's account details

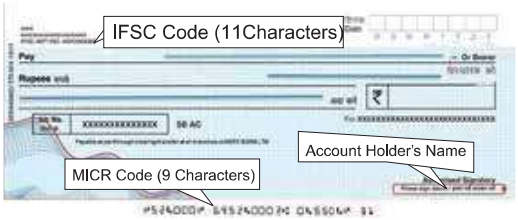
Active Bank Account No. : _____

Account Holder Name: _____

Bank Name & Branch: _____

Account Type ☐ Savings ☐ Current ☐ NRO ☐ NRE

IFSC: _____ MICR: _____



Mandatory for Pension Plans, Please indicate how you would like to receive the benefits

☐ Entire amount as lumpsum ☐ Entire amount as Annuity ☐ Part as annuity Part as Lumpsump ☐ As Installments

Blank space for companies to input product specific payout methods

SECTION C*

DECLARATION AND AUTHORISATION

- I here declare all the details filled/furnished above are true correct to the best of my knowledge & belief.
- I hereby warrant the truth and correctness of the foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppress or conceal any material fact, my right to claim may be absolutely forfeited.
- I understand and agree that the submission of this form does not mean that the request will be processed for payment.
- I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions.
- Any payment shall be subject to realization of the last renewal premium payment.
- I authorise all the medical establishments (medical labs included), government institutions (police, revenue, etc.) to reveal the treatment information including any retro-viral diseases and others, related to the LA, to Star Union Dai-ichi Life, from both the past and present.
- A photo copy of this declaration shall be considered as valid and effective.
- I authorise Star Union Dai-ichi Life to share and obtain information on behalf of me with any reinsurer, insurance association, medical authorities, other insurers, statutory authorities, employer, court, governmental body, regulator using an investigation agency or other service hereby provide my consent for the same.
- I authorise Star Union Dai-ichi Life to make settlement towards assignee in case of valid full/partial assignment of the policy to the extent of outstanding due against security of policy with assignee as per declaration from assignee

Date: D D M M Y Y Y Y

Place _____

Signature/Stamp of Assignee

Signature/Stamp of Assignee
(if policy has valid full/partial assignment)

SIGN HERE

Signature of Claimant
Beneficiary / Nominee

DECLARATION TO BE MADE BY A THIRD PERSON (In case of Thumb impression/Non-English signature)

The Policyholder has affixed his/her thumb impression/has signed in vernacular/has not filled the application. I hereby declare that the content of this application form has been explained to the Policyholder in _____ language and have truthfully recorded the answers provided to me. I further declare that the Policyholder has signed/affixed his/her thumb impression in my presence.

Name of the Declarant: _____

Address: _____

Date: D D M M Y Y Y Y

Place _____

SIGN HERE

Signature of Declarant

Important Note: In case of any demand or favour asked by anyone including a company representative towards claim processing or settlement, the same should not be entertained and must be reported to the company immediately on the company's email id: claims@sudlife.in

Company Stamp

INSTRUCTION FOR FILLING UP THE FORM

A. IMPORTANT INFORMATION (Please read before filling the form)

1. The form should be filled by the claimant beneficiary/nominee only. In case the claimant beneficiary/nominee is a minor, the guardian/appointee may fill the form
2. Claims under multiple policies may be registered by filling a single form & providing all applicable policy numbers
3. In case of more than one claimant beneficiary/nominee, separate forms need to be filled for each claimant beneficiary/nominee
4. If the claim belongs to different type such as insurance on loan or PMJJBY scheme or Health,seperate claimform corresponding to the type need to be filled
5. Please read the declarations carefully and the claimant beneficiary/nominee should sign the claim form in the same manner as you normally sign your cheque
6. Claim is payable subject to fulfillment of all terms and conditions of the policy
7. No fee or commission should be paid to anyone to process this claim
8. In case of valid full/partial assignment of policy,require declaration from assignee regarding outstanding due against security of policy with assignee/payee NEFT mandate because assignment affect the rights of the nominee only to the extent of the interest of the transferee or assignee in the policy
9. Make sure your address, phone numbers and email ID are current and active as the correspondence will happen through this only
10. Asterisk (*) refers to mandatory information

B. DOCUMENTS TO BE SUBMITTED

MANDATORY DOCUMENTATION AT THE POINT OF CLAIM NOTIFICATION

1 Completely filled & signed Claim Intimation form from Nominee
2 Original Death Certificate / Attested copy of death certificate issued by local authority
3 Photo ID proof of nominee (Any document from below list-Preferably PAN card)
4 Address proof of nominee (Any document from below list-Preferably Aadhar card)
5 Nominee Bank proof preferably copy of Passbook, cancelled cheque
6 If the cause of death is related to natural/any illness, Copy of medical documents including:
  a) Last attending doctor's certificate stating the exact cause of death along with antecedent cause and other significant conditions leading to death
  b) Hospitalization documents (discharge summary, all investigation/Diagnosis reports) in case the Member was treated for any illness related to the cause of death
7 If the death is due to an accident/any other unnatural cause or death is intimated to police, the supporting documents including:-
  a) Certified copy of the FIR/ Panchnama duly attested by police officials
  b) Certified copy of the Postmortem Report/Autopsy Report
  c) Copy of Newspaper Cutting
  d) Certified copy of the Viscera report if available

Disclaimers: 1. Copies to be submitted and originals to be presented at the time claim submission,
2. Star Union Dai-ichi Life Insurance Company reserves the right to ask for more information/ documents, if required

C. LIST OF VALID IDENTITY & ADDRESS PROOFS (Please tick the document submitted)

PHOTO IDENTIFY PROOF (ANY ONE)

- ☐ Claimant's Beneficiary/Nominee PAN CARD
- ☐ Valid Passport
- ☐ Voter ID Card
- ☐ Masked Aadhar Card Copy*
- ☐ Valid Driving License
- ☐ Bank Passbook with stamped photograph (not more than 6 months old)
- ☐ ID Card Issued by Central/State Govt. to employees
- ☐ Any other Central/State Govt. issued ID

ADDRESS PROOF (ANY ONE)

- ☐ Valid Passport
- ☐ Voter ID Card
- ☐ Masked Aadhar Card Copy*
- ☐ Valid Driving License
- ☐ Bank Passbook with stamped photograph (not more than 6 months old)

*I voluntarily provide my consent to use my Aadhar to conduct identity check towards KYC compliance by Star Union Dai-ichi Life

D. NOTE: CLAIMANT BENEFICIARY/NOMINEE NEFT MANDATE/ BANK ACCOUNT DETAILS

- A cancelled personalised cheque with the account no. and IFSC should be submitted along with the NEFT mandate. If the cheque is not personalised, a latest bank statement or copy of passbook (where account number and IFSC is mentioned) needs to be submitted with the mandate.
- This mandate, upon processing, will override any of the previously tagged NEFT mandates for all policies, held by the client with Star Union Dai-ichi Life.
- In case of NEFT failure or any further requirements pending on the mandate, payout will be kept on hold till fresh NEFT mandate is received. Intimation will be sent to you for the same.

#Refund to NRE account (full or proportionate) will be subject to ratio of premium(s) paid through NRE Account. Please submit a Bank Statement or Bank Confirmation letter as an evidence for premium(s) paid through NRE account.

##In case of proportionate payout, please provide two NEFT mandates i.e. for NRE account and non-NRE account.

CUSTOMER ACKNOWLEDGEMENT COPY-INDIVIDUAL DEATH CLAIM FORM

Policy No. _____ Claimant Beneficiary/Nominee Name _____

Branch Name / Interaction ID _____ Claimant Beneficiary/Nominee Client ID _____

Employee Name _____ Date _____

Employee Sign _____ Employee Code _____

Branch Stamp

Star Union Dai-ichi Life Insurance Company Limited

Registered Office: 11th Floor, Vishwaroop I. T. 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 ID: customercare@sudlife.in • Website : www.sudlife.in

IRDAI Regn. No.: 142 • CIN: U66010MH2007PLC174472

Protecting Families, Enriching Lives!