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## **BANKERS CERTIFICATE**

Date: DDMMYYYY To, Claims Dept. SBI Life Insurance Co. Ltd. 7th Level (D-Wing) & 8th Level, Seawoods Grand Central, Tower 2, Plot No. R-1, Sector-40, Seawoods, Nerul Node, Navi Mumbai- 400 706 Dear Sir/Madam, **Group Name:** Name of the Deceased Member: This is to certify that the deceased was a member of the above-mentioned Group Insurance Scheme. We certify that the deceased was covered under our scheme, the cover start dated being | D | M | M | Y | Y | Y | Y (date of 1st debit to the customers account), Premium Amount ₹ remitted to you vide cheque/DD No. We further certify that the insurance cover was last renewed for a Sum Assured of ₹ and the last premium of Rs was debited to his Y Y and was remitted to you by us vide Account No dated | D | D | M | M | Y Cheque/Draft No. We also certify that the date of birth of deceased was DDDMMMYYYYY as per the documents furnished at the time of joining the Scheme. Thanking you Name: Designation: Address: Contact no.: Seal & Signature of Authorized Signatory

SBI Life Insurance Company Limited | Registered and Corporate Office: Natraj, M.V. Road & Western Express Highway Junction, Andheri (East), Mumbai - 400 069. Tel.: (022) 61910000. Central Processing Center: 7th Level (D-Wing) & 8th Level, Seawoods Grand Central, Tower 2, Plot No. R-1, Sector-40, Seawoods, Nerul Node, Navi Mumbai - 400 706. Tel.: (022) 66456000. IRDAI Registration No. 111. CIN: L99999MH2000PLC129113. Toll Free No. 1800 267 9090 (Customer Service timing: 24X7). Visit: www.sbilife.co.in, E-mail: info@sbilife.co.in

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