

To,														·	,	·		,
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SBI	Life Insurance Company Ltd.,																	
Dea	ur Sir/Madam,																	
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	CREDIT AC	,((JUN	1 51	AIE		:N	<u> </u>										
Ple	ease find below the details of Loan availed by the dece	ased	linsure	d mem	ber.													
a)	Name of the Master Policy Holder (MPH)	_																_
b)	Master Policy Number	_																_
c)	Loan Account Number (LAN)																	_
d)	Original Loan Amount	. ₹_																_
e)	Name of the deceased Insured Member	_																_
f)	Date of Commencement (DOC)			M M	Y	<u>Y</u>	Υ	_										
g)	Initial Sum Assured as per Certificate of Insurance (COI) as at DOC	_																_
h)	Date of Death (DOD)			M M	Y	_ Y	Υ	_										
i)	Sum Assured as on Month and Year of DOD as per Annexure to COI	: ₹_																_
j)	Total amount recovered till DOD by the MPH towards the Loan	. ₹																_
k)	Outstanding Loan Amount as on the date of death	₹																_
I)	Balance Claim Amount	₹																_
	(Difference between the Effective Sum Assured referred under (i) above and Outstanding Loan Balance referred under (k) above, payable to the Nominee / Beneficiary of the deceased member.)																	
Th	ne Loan Account Statement since the inception of t	he L	oan is	attach	ed. (I	t is m	and	dato	ry fo	r pr	oce	ssin	g of	dea	th c	laim)		
	e further hereby declare and understand that				•				-							•		
•	The information / details furnished in the above is cor	rect a	and acc	urate.														
•	The Insured Member / Nominee / Beneficiary who	has s	submitt	ed the	Clair	n Dis	cha	arge	Forn	n is '	the	same	e pe	rsor	ı wh	o has	s be	en
	registered by us as the Insured Member / Nominee /							_					•					
•	The claim amount will be paid to MPH if the Author					-	the	e de	ceas	sed	insu	ıred	men	nber	to r	nake	cla	im
	payments in favour of the MPH to the extent of the O	utstar	nding L	oan Ar	noun	t.												
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Nan	ne:	L	LL			.LLLL						_L	L_L	L	L	_L		
Des	signation:	L		Spe	imen	Signa	ature	e (SS	S) No									
Add	lress:	L												L	L	_L		
		L												L	L	_L		
Con	ntact No.:	L																
Date	e:								Г									\neg
Plac	ce:			_						Seal	& S	ignatı	ure ∩	f Aut	horiz	ed Si	anat	orv

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