

CREDIT LIFE DEATH CLAIM FORM (RINN Raksha, Dhanraksha, Super Suraksha)

For Official Use Only

Branch Name: _____ Branch Code: _____
 Interaction ID: _____ Employee Name: _____
 Employee Code: _____
 Date of Intimation:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Sign: _____

Photograph of
Nominee/ Claimant

SECTION - A*

POLICY DETAILS

Policy Number(s): _____ Loan Account Number(s): _____
 Suraksha Account Number(s) (If applicable): _____

SECTION - B*

DETAILS OF LIFE ASSURED (LA)

Name of Life Assured: ☐ Mr. ☐ Mrs. ☐ Ms. _____
First name Middle Name Last Name
 Father's /Spouse Name: _____
First name Middle Name Last Name
 Address: _____

 Contact No of Life Assured: _____
 Date of Death:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Time of Death: _____ Place of Death: _____
☐ Hospital ☐ Clinic ☐ Residence ☐ Office ☐ Others (Please specify) _____
 Cause of death : _____
 Nature of Death: ☐ Medical ☐ Natural ☐ Accident ☐ Murder ☐ Suicide
 Family Doctor: Name _____ Registration No _____ Contact No _____
 Last treated/attended Doctor: Name _____ Registration No _____ Contact No _____
 Last Employer details (If applicable): _____
 Name of the Employer: _____ Name of contact person of Employer: _____

Nature of Illness and Habit of the Life Assured

☐ Hypertension ☐ Diabetes ☐ Heart Disease ☐ Liver disease
☐ Kidney disease ☐ Cancer ☐ Other _____

Date of Diagnosis of Illness	
Date of admission	
Date of discharge	

Other Insurance details: (Life/Mediclaim/Health)

Policy No.	Company Name.	Sum Assured	Status
			☐ Active ☐ Lapsed ☐ Applied ☐ Matured
			☐ Active ☐ Lapsed ☐ Applied ☐ Matured
			☐ Active ☐ Lapsed ☐ Applied ☐ Matured
			☐ Active ☐ Lapsed ☐ Applied ☐ Matured

DETAILS OF NOMINEE/CLAIMANT

Nominee/Claimant Name: ☐ Mr. ☐ Mrs. ☐ Ms. _____
First name Middle Name Last Name
 Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Address: _____

 Pin code: _____ Contact No.: _____
 Office & / or Personal Email ID: _____

Nominee/Claimant's C- KYC No.	
Nominee/Claimant's PAN details:	
Relation with the Life Assured:	☐ Spouse ☐ Children ☐ Parents ☐ Others
Nominee/Claimant's Title:	☐ Nominee ☐ Executor ☐ Trustee ☐ Appointee ☐ Employer ☐ Assignee ☐ Beneficiary
Resident Status:	☐ Resident Indian ☐ Non Resident Indian(NRI) ☐ Foreign National
	☐ Person of Indian Origin

(PIO) Please submit FATCA/CRS certification if resident status is NRI/Foreign National/Person of Indian Origin.

NOMINEE/CLAIMANT NEFT MANDATE/ BANK ACCOUNT DETAILS

Please provide beneficiary's account details

Bank Account No:	
Account Holder Name:	
Bank Name & Branch:	
Account Type:	☐ Savings ☐ Current ☐ NRO ☐ NRE
IFSC:	
MICR:	

SECTION - C*

DECLARATION AND AUTHORISATION

- I _____ do hereby declare and confirm that I am the rightful Nominee/Claimant of the deceased person and the statements made herein above are true and complete in each and every respect.
- I hereby authorize any medical practitioner or hospital or nursing home or medical clinic who or which has attended upon or examined or treated Life Insured for any ailment or illness to divulge any knowledge or information regarding Life Insured's state of health which he / they may have acquired before or after the issuance of the policy, to SBI Life Insurance Co Ltd, any of its offices, or Authorized Representatives, Court of law, or any grievance Redressal forum. I hereby confirm that this authorization is irrevocable and is valid notwithstanding any law, custom or usage for the time being in force prohibiting any physician or hospital from divulging any knowledge or information, acquired by him/ them in attending upon or examining a person on the ground of secrecy.
- Further, I hereby authorize any insurance company, government organization, employer, other organization, institution or person to release to SBI Life Insurance Co Ltd or its duly authorized representatives any record or knowledge about deceased. I hereby confirm that such information shall without limitation include information about deceased's health (including any information relating to the use of drugs or alcohol, HIV/AIDS, or mental and physical history, condition, advice or treatment), earnings or other insurance benefits, including any accounting information of the Life Insured's account.
- I hereby voluntarily give my specific, informed, unconditional and unambiguous consent and authorization: to the Company to receive, collect, process, use, store, disclose, transfer, share, or handle my/our sensitive personal data or information, as defined in the Information Technology (Reasonable security practices and procedures and sensitive personal data or information) Rules 2011 and 'personal data' as defined under the Digital Personal Data Protection Act, 2023 (as amended from time to time), solely for the purpose of servicing of policy, including sharing it with contracted third parties, reinsurers, appointed representatives, or vendors associated with the Company for various purposes and outsourced activities exclusively related to the evaluation of the servicing of the policy, investigation/settlement of claims, fraud prevention, and monitoring. I understand that, following the conclusion of the business relationship with the Company, my data (including my sensitive personal data or information) shall be retained for the requisite period as prescribed under the applicable laws for the time being in force.
- I understand that I am voluntarily giving my authorization for sharing of the above data to the specified third parties and for the specified purposes only, as described herein. This consent shall hold good even if I register my number with the National Customer Preference Register (NCPR). I understand that I have the right to: (a) withdraw my consent at any time where my personal data is processed by the Company with my consent; and (b) file a complaint with the Company and/or the relevant data protection authority in respect of performance of the Company's obligations in relation to my personal data.
- I understand and agree that the submission of this form does not mean that the request will be processed.
- 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.
The payout mode selected in this form would be used by the company to make all payout(s) to the Nominee/claimant. Payouts would be in accordance and subject to the terms and conditions of the policy... Responsibility of providing IFS code lies with the Nominee/claimant. Please note that IFS code for RTGS & IFS code for NEFT may be different. I will not hold SBI Life Insurance Company Ltd. responsible in cases of non-credit to my bank account or if the transaction is delayed or not effected at all for reasons of incomplete / incorrect information.
- ☐ I declare and confirm that, I have been informed by _____ ('Master Policyholder'), about the assignment of the Insurance cover by late Mr./Mrs./Ms. _____ ('Member/Life Assured') in Master Policyholder's favor to the extent of the outstanding loan amount as on the date of his death/claim payment becoming due, as per the amortization and/or loan cover schedule.
I further confirm that, the outstanding loan amount as on date of death of the Member/Life Assured is ₹ _____. I hereby provide my irrevocable consent to SBI Life Insurance Co Ltd for making payment of ₹ _____ to the Master Policyholder towards the outstanding loan amount as on the date of death/claim payment becoming due.
I hereby discharge SBI Life Insurance Co Ltd. from and against any claim, counter-claim, demand, charge or liability that SBI Life Insurance Co Ltd may be exposed to on account of making the payment as mentioned above to the Master Policyholder.

Aadhar Consent: (Applicable only if the Aadhar is submitted)

☐ "I, Mr. /Mrs./Ms. _____, hereby give my voluntary consent to SBI Life Insurance Company Limited (SBI Life) and authorize the Company to obtain necessary details like Name, DOB, Address, Mobile Number, email, Photograph through the copy of Aadhaar card / QR code available on my Aadhaar card / XML File shared using the offline verification process of UIDAI or Aadhaar Number/Virtual ID, Name, Date of Birth, Fingerprint/Iris and my Aadhaar details used for authentication either through Yes/No authentication facility or e-KYC facility in accordance with the Aadhaar (Target Delivery Of Financial and Other Subsidies, Benefits and Services) Act, 2016 and all other applicable laws/ regulations. I understand and agree that this information will be exclusively used by SBI Life only for the KYC purpose. I have duly been made aware that I can also use alternative KYC documents like Passport, Voter's ID Card, driving license, NREGA job card, letter from National Population Register, in lieu of Aadhaar for the purpose of completing my KYC formalities. I understand and agree that the details so obtained shall be stored with SBI Life and be shared solely for the purpose of processing claim request. Further I understand, my biometrics will not be stored/shared by SBI Life. I will not hold SBI Life or any of its authorized officials responsible in case of any incorrect information provided by me. I further authorize SBI Life that it may use my mobile number for sending SMS alerts to me in this regard."

Date:

Place:

Seal and Stamp of MPH/assignee

Signature of Nominee/Claimant

ADDITIONAL DECLARATION WHEN THE CLAIM FORM IS FILED BY PERSON OTHER THAN THE NOMINEE/CLAIMANT / NOMINEE/CLAIMANT SIGNS IN A VERNACULAR LANGUAGE / NOMINEE/CLAIMANT IS ILLITERATE:

I hereby declare that:

I have explained the contents of this claim form to the Nominee/Claimant in _____ (language) and ensured that the contents have been fully understood by him/her. I have accurately recorded the Nominee/Claimant's responses to the information sought in the claim form. I have read out the recorded responses to the Nominee/Claimant and he/she has confirmed that they are correct and affixed his/her vernacular signature/ thumb impression as follows.

Date D D M M Y Y Y Y

Signature of Person
making declaration

Signature/Lefthand Thumb Impression of
Member / Proposer
(In case member is minor)

Name : _____

Address: _____

INSTRUCTION FOR FILLING UP THE FORM

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

1. The form should be filled by the Nominee/claimant only. In case the Nominee/claimant 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 and loan account numbers
3. In case of more than one Nominee/claimant, separate forms need to be filled for each Nominee/claimant
4. Please read the declarations carefully and the Nominee/claimant should sign the claim form in the same manner as he/she normally sign he/she cheque
5. No fee or commission should be paid to anyone to process this claim
6. Make sure Nominee/claimants address, phone numbers and email ID are current and active as the correspondence will happen through this only
7. Asterisk (*) refers to mandatory information

B. DOCUMENTS TO BE SUBMITTED

MANDATORY DOCUMENTS

(1) Certificate of Insurance (COI) (2) Death certificate issued by local authority (3) Nominee/Claimant's Photo ID and Address Proof (4) Nominee/Claimant's passport size photograph (5) Bank account proof of the Nominee/claimant / Bank Passbook (6) Latest loan / Suraksha account statement

ADDITIONAL DOCUMENTS

HOSPITALISATION/ DEATH DUE TO ILLNESS (1) Medical cause of death certificate (2) Medical records for all the treatments taken in the past. (Admission notes, History / Progress sheet, Discharge / Death summary, Test reports, etc.)

ACCIDENTAL DEATH (1) First Information Report (FIR), Panchnama / Inquest report, Post-mortem report (PMR), Driving license, Police Final Report, Viscera report (if applicable) Newspaper cutting (s), if any, Others as applicable

Disclaimers: 1. Copies to be submitted and originals to be presented at the time claim submission, 2. SBI LIFE Insurance Company Limited 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)

- ☐ Valid Passport ☐ Voter ID Card ☐ Aadhar Card*
- ☐ 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
- ☐ Job card issued by NREGA duly signed by an officer of the State Government

ADDRESS PROOF (ANY ONE)

The letter issued by the National Population Register containing details of name, address or any other document as notified by the Central Government in consultation with the Regulator'

- ☐ Valid Passport ☐ Voter ID Card
- ☐ Aadhar Card* ☐ Driving License
- ☐ Utility Bill

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

A cancelled personalized cheque with the account no. and IFSC should be submitted along with the NEFT mandate. If the cheque is not personalized, 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 Nominee/Claimant with SBI Life Insurance Company Limited.

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.

Joint Borrower / Co-Borrower Annexure for Credit Life Claims

(To be filled in when Joint Borrower/Co-borrower and Nominee are different)

Policy No:	
Loan Account Number:	
Name of Life Assured:	
Nominee Name:	
Name of Joint Borrower:	
Account Details of Joint Borrower:	
Bank Account Number:	
Bank & Branch Name:	
IFS Code:	

*Joint Borrowers/Co-Borrowers Bank Account Proof is mandatory while submitting Claim form

Note: Joint Borrower Surrender value will be paid as per Terms & Conditions

For SBI Life - RiNn Raksha:

- If initial sum assured for each borrower is equal to the entire loan amount, on payment of death claim on one life, the insurance cover for the surviving life/lives assured will be terminated and surrender value paid.
- If initial sum assured for each borrower is equal to (limited to) his / her respective share of loan amount, on payment of death claim on one life, the cover on the surviving life/lives assured will continue till the end of the policy.

For SBI Life - Dhanaraksha Plus LPPT:

- In case of death of any one of the joint borrowers, the applicable surrender value will be paid to the remaining/surviving joint borrowers. On such payment of the surrender value, the insurance cover shall cease on the lives of the remaining/surviving joint borrowers.

For SBI Life - Super Suraksha:

- In the event of death of either or any of the joint borrowers, the company will pay the Grantees the Sum Assured determined as per the scheme. The unexpired portion of the single premium paid by the surviving borrower(s) would be remitted after deduction of the administrative expenses through the Grantees and the cover stands extinguished*.

* "The above clauses are applicable across all UIN of the product"

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS

IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

Trade logo displayed above belongs to State Bank of India and is used by SBI Life under license. SBI Life Insurance Company Limited. Registered & Corporate Office: Natraj, M. V. Road & Western Express Highway Junction, Andheri (East), Mumbai - 400 069. | IRDAI Regn. No.111. | CIN: L99999MH2000PLC129113, Toll free no: 1800 267 9090 (Customer Service timing: 24X7) | Website: www.sbilife.co.in | Email: info@sbilife.co.in

CLM/INDDTH-1/Ver 1.5/01-24

CUSTOMER ACKNOWLEDGEMENT COPY- CREDIT LIFE DEATH CLAIM FORM

Policy No./Loan Account No: _____ Nominee/Claimant Name: _____

Nominee/Claimant ID: _____ Branch Name / Interaction ID _____

Employee Name: _____ Date:

Employee Code: _____

Branch Stamp

Employee Sign

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS

IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

Trade logo displayed above belongs to State Bank of India and is used by SBI Life under license. SBI Life Insurance Company Limited. Registered & Corporate Office: Natraj, M. V. Road & Western Express Highway Junction, Andheri (East), Mumbai - 400 069. | IRDAI Regn. No.111. | CIN: L99999MH2000PLC129113, Toll free no: 1800 267 9090 (Customer Service timing: 24X7) | Website: www.sbilife.co.in | Email: info@sbilife.co.in