

## Micro Insurance Claim Form

To,  
**Claims Department**  
**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 - 400706.**

Dear Sir / Madam

Claim Form for Death Benefit under Grameen Shakti/Grameen Super Suraksha Insurance Scheme (Micro Insurance) - Master Policy  
 Number \_\_\_\_\_.

We write to convey that the under mentioned member was a covered under the group insurance scheme and has expired.

### DETAILS OF THE DECEASED MEMBER (Please write in capital letters)

1. Name of the Member Shri/Smt	:	_____
2. Date of Joining the Scheme	:	____/____/____ DD MM YYYY
3. Age as on date of Joining	:	____Yrs.
4. Date of Death	:	____/____/____ DD MM YYYY
5. Place and time of Death	:	_____
6. SHG Account Number	:	_____
7. Sum Assured Payable	:	_____
8. Cause of death	:	_____
9. Payments Details	:	_____
Payment in favour of	:	_____
Account No.	:	_____
Bank Name	:	_____

### DOCUMENTS ATTACHED HERewith

☐ Certificate for removal of member from SHG due to death

Certified that the information furnished is true and correct in every respect to the best of our knowledge and belief

Place: \_\_\_\_\_ Nominee Name : \_\_\_\_\_

Date: \_\_\_\_\_  
 D D M M Y Y Y Y

\_\_\_\_\_  
 Nominee Signature

### Aadhaar Consent:

I, < Name of the Customer>, hereby give my voluntary consent to SBI Life Insurance Company Limited (SBI Life) and authorise the Company to obtain necessary details like Name, DOB, Address, Mobile Number, Email, Photograph through the QR code available on my Aadhaar card / XML File shared using the offline verification process of UIDAI. I understand and agree that this information will be exclusively used by SBI Life only for the KYC purpose and for all service aspects related to my policy/ies. I have duly been made aware that I can also use alternative KYC documents like Passport, Voter's ID Card, Driving licence, 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 issuing insurance policy to me and for servicing them. 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 regarding various servicing and other matters related to my policy/ies.

### Authorized Signatory of behalf of the Group Policy Holder:

Name:	
Designation:	
Bank & Branch Address:	
(Please affix office seal with Branch Code):	

MPH Seal