

Sampoorn Suraksha Housing Loan Claim Form

To,
Head - Claims
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.

Claim Form for Death Benefit under Sampoorn Suraksha Employer Employee Scheme

Master Policy (MP) Number: 72100274804

PF No.:

Master Policy Holder Name: State Bank of India – IR Department

Housing Loan Account No.:

We write to convey that the under mentioned member, who was covered under the above mentioned, has expired.

DETAILS OF THE DECEASED EMPLOYEE (Please write in capital letters)

1. Name of the Life Assured (Deceased Member) :	<input type="text"/>
2. Date of Birth :	<input type="text"/>
3. Date of Death :	<input type="text"/>
(Please attach original/attested copy of Death Certificate)	
4. Cause of Death :	_____
5. Outstanding Loan Amount as on the date of death :	<input type="text"/>

(to be credited to the above mentioned housing loan account number)

If the Sum Assured is more than the outstanding loan as on the Date of Death, please pay the excess of Sum Assured over the outstanding loan, into the bank account (details of which are given below) of Mr/Mrs/Ms. _____, _____ <relationship of payee> of deceased member.

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.

The bank account details of the payee are

Account No.:

IFSC Code:

Bank & Branch Name:

(Please attach attested copy of cheque which mentioned correct account number)

We further hereby declare that the information / details furnished above are correct and accurate.

Place: Date:

Authorized Signatory (Branch Manager) on behalf of the Master Policy Holder:

Name & Designation:

Email Id:

Signature

Contact No.: _____

Specimen Signature code

State Bank of India Seal:

Branch
Seal
and
Stamp