

## Sampoorn Suraksha Non Employer Scheme 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.

### Claim Form for Death Benefit under Sampoorn Suraksha Non Employer Employee Scheme

Master Policy (MP) Number: \_\_\_\_\_ Member ID: \_\_\_\_\_

We write to convey that the under mentioned policyholder was covered under One year renewal Group Life Insurance scheme and has expired.

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

1. Name of the Life Assured (Deceased)	:	
2. Date of Birth	:	D D M M Y Y Y Y
3. Date of Death	:	D D M M Y Y Y Y
4. Nominee Name & Relationship	:	
5. Sum Assured	:	
6. Cause of Death	:	
7. Account details of Nominee		
Account No.	:	
IFSC Code	:	
Bank & Branch Name	:	

#### 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

#### Authorized Signatory on behalf of the Master Policy Holder:

Name & Designation: \_\_\_\_\_

Contact No.: \_\_\_\_\_ Date: D D M M Y Y Y Y

#### 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.