

To,
Claims Department
SBI Life Insurance Company Limited,
7th Level (D-Wing) & 8th Level, Seawoods Grand Central,
Tower 2, Plot No. R-1, Sector-40, Seawoods, Nerul Node,
Navi Mumbai- 400 706

CLAIM FORM FOR DEATH BENEFIT UNDER SAMPOORN SURAKSHA EMPLOYER EMPLOYEE SCHEME (EDLI SCHEME)

Master Policy Number:

Employee 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 :

3. Age as on date of Death : Yrs. Months

4. Date of Death* :

***(Please attach original/attested copy of Death certificate)**

5. Nominee Name & Relationship : _____

6. Sum Assured Payable : _____

7. Cause of Death* : _____

***(If Accidental rider applicable, please attached copies of FIR, Police Final Report, Post Mortem report and Police Panchnama)**

8. Account details of Nominee

Account No. :

IFSC Code :

Bank & Branch Name : _____

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

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

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.

Nominee Name :

Date:

Place:

Nominee Signature

Authorized Signatory on behalf of the Master Policy Holder:

Name:

Designation:

Contact No.:

Seal of the Company: