

**To,
Claims Department
SBI Life Insurance Company Limited,
Central Processing Centre
7th Level (D Wing), 8th Level,
Seawoods Grand Central Tower II,
Plot No.R1, Sector 40, Seawoods,
Nerul Node, Navi Mumbai - 400 706**

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

Master Policy Number: [] [] [] [] [] [] [] [] [] [] Employee Member Id: [] [] [] [] [] [] [] [] [] []

This is to inform you that the under mentioned employee was covered under One year renewal Group Life Insurance scheme and has expired. Please arrange to settle the claim at the earliest.pp

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

1. Name of the Deceased Employee : _____

2. Date of Birth : D D M M Y Y Y Y

3. Age as on date of Death : Years Months

4. Date of Death* : D D M M Y Y Y Y

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

5. Master Policyholder Name :

6. Sum Assured :

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 Master Policyholder :

(*Note – The claim payment will be made only through Direct Credit)

Account No. :

IFSC Code :

Bank & Branch Name :

***(Please attach Original cancelled cheque leaf /attested copy of passbook mentioning correct account no.)** Certified that the information furnished is true and correct in every respect to the best of our knowledge and belief

[illegible]

Date:

D	D	M	M	Y	Y	Y	Y
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Place:

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 on behalf of the Master Policy Holder:

Name:

Designation:

Contact No.:

Company Seal and Signature of
Authorized Signatory