

## 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)	:	<input type="text"/>
2. Date of Birth	:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
3. Date of Death	:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
4. Nominee Name & Relationship	:	<input type="text"/>
5. Sum Assured	:	<input type="text"/>
6. Cause of Death	:	<input type="text"/>
7. Account details of Nominee		
Account No.	:	<input type="text"/>
IFSC Code	:	<input type="text"/>
Bank & Branch Name	:	<input type="text"/>

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

Place:  Nominee Name :

Date:

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

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

Name & Designation:

Contact No.:  Date: