

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.

Master Policy (MP) Number:

Claim Form for Death Benefit under Sampoorn Suraksha Non Employee Scheme

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

SBI Life Insurance Company Limited: Registered and Corporate Office: Natraj, M.V. Road & Western Express Highway Junction, Andheri (East), Mumbai- 400 069. Tel.: (022) 61910000. Central Processing Center: 7th Level (D-Wing) & 8th Level, Seawoods Grand Central, Tower 2, Plot No. R-1, Sector - 40, Seawoods, Nerul Node, Navi Mumbai- 400 706. Tel.: (022) 66456000. IRDAI Registration No. 111. CIN: L99999MH2000PLC129113. Toll Free No. 1800 22 9090 (From 9.00am to 9.00pm). Visit: www.sbilife.co.in E-mail: info@sbilife.co.in