

CLAIM INTIMATION FORM (FORM A) PAGE | 1

Death Claim Critical Illness Dismemberment

Important - Mandatory Documents to be submitted along with Claim Intimation Form

- 1. Original policy document
2. Address Proof and Identity Proof of the Claimant - Self Attested
3. Copy of Death Certificate of the Life Assured
4. Cancelled cheque with pre-printed name of the Claimant / Self attested Bank Statement / Pass Book attested by Bank

DETAILS OF LIFE ASSURED

Policy Number, Name of Life Assured, Flat/Plot No., Building Name, Road, Landmark, City/District, State, Pin Code, Contact No., Email ID, Date of Birth, Occupation

DETAILS OF CLAIMANT:

Name of Claimant, Date of Birth of Claimant/Nominee, Relation with Deceased (Insured), Appointee Name (if Claimant/Nominee is minor), Flat/Plot No., Building Name, Road, Landmark, City/District, State, Pin Code, Contact No., Email ID

DETAILS OF DEATH OF THE LIFE ASSURED

Date of Death, Place of Death, Time of Death, Cause of Death, If cause of Death is due to Accident provide date of Accident, Was death reported to police (If YES, copy of FIR attached): YES NO

BANK ACCOUNT DETAILS OF CLAIMANT

Bank Name, Branch Address, Bank A/C No., Type of Account, IFSC Code, MICR Code, Nominee Name as per Account

CLAIM DISBURSAL OPTION IN CASE OF PENSION PLAN - (Applicable only for Dhruv Tara & New Dhruv Tara Plan)

I wish to choose the below option for my Pension Plan claim disbursement (any one)
Fund Value or Sum Assured to be paid to me in lumpsum
To commute 1/3rd of the Fund Value or Sum Assured to be paid to me in Lumpsum and 2/3rd of the Fund Value or Sum Assured should be drawn in favour of Star Union Dai-ichi Life Insurance Co. Ltd. OR
Full Fund Value or Sum Assured should be drawn in favor of Star Union Dai-ichi Life Insurance Co.Ltd. OR

