

To,

Sampoorn Suraksha Non Employer Scheme Claim FormClaims 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: 72100481905

Member ID (Ac. No.):

We write to convey that the under mentioned policyholder was covered under One year renewal Group Life Insurance scheme andhas expired.

DETAILS OF THE DECEASED MEMBER (Please write in capital letters)																	
1. 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	:																
 Account details of Nominee Account No. 	:																
IFSC Code	:																
Bank & Branch Name Nominee Mobile No.	:								-								
Certified that the information furnished is true	and	dco	rrect i	n ev	ery	resp	ect	to th	e be	sto	f our k	nowl	edge	and	belief		
Place:			Nomir	iee N	lame	:											
												Nom	inee	Sign	ature		
Authorized Signatory on behalf of the Master Policy Holder: Date:																	
Name & Designation:																	
Contact No.:											D	D	M	И	Y	Y	Y

Aadhar Consent

I <Name of the Claimant......authorize 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, NREGAjob 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.

Document Check list: -

Please refer below documents required for processing of insurance claim under GTL Policy (2025-26)

- 1. Claim form **completely filled** and duly attested by Branch.
- 2. Death Certificate original or photocopy with clearly visible **QR Code**, duly attested by claimant and Branch.
- KYC document of the Nominee / Claimant photocopy self-attested by claimant and the Branch.
- 4. Nominee's/ Claimant's Bank Account Accounts detail (Copy of Bank Passbook duly attested by claimant and Branch or a cancelled cheque leaf having Nominee's / Claimant's name pre-printed on it etc).
- 5. Confirmation of Nominee details in <u>"Bank Confirmation form"</u> attached above.
- 6. In case, nominee not available in bank account, legal evidence of title in the form of Succession certificate from court having competent jurisdiction or following papers for waiver of submission of succession Certificate.
 - i. Affidavit on non-judicial stamp paper.
 - ii. Joint Indemnity Bond on the non-judicial stamp paper.
 - iii. Application to Dispense with Legal Evidence of title.
 - iv. Surety Letter with Income and KYC proof.

Branch Confirmation

(On Bank's Letter Head) State Bank of India

Branch Name: Address: Email: Tolophono No:				Branch Cod						
Poli		phone No: D:: 72100481905	Date: Policy Period 22.02.2025 to 21.02.2026							
This is to certify that Shri/Smt/Ms.				ho has expired on						
		s enclosed), is a holder of Salary Package Acco		•	• •					
1		ne of the Salary Package Account holder	:							
2	Address in full (as per Bank records)									
3		e of Death per death certificate)	:							
4 Details of SBI Branch where the Salary Package			:	Br. Name						
	Acc	ount is maintained		Br. Code						
				Circle						
5		e of Salary Package account	:							
6	Sala	ry Package Account details:	:	A/c No.						
7	7 Details of last salary Credit (Copy of accounts			Date of last salary credit						
	stat	ement / bank passbook to be attached)		Amount of credit (₹)						
8	Clai	m amount under Group Term Life Insurance	:							
9	а.	Nominee registered with the Bank on above mentioned Salary Package Account. (if any)	:							
	b.	Address of Nominee	•							
	С.	Phone No.	:							
	d.	Nominee A/c details if recorded in CBS	:							
10	10 Full name of Joint Account Holder(s) of the above-									
	mer	ntioned Salary Package Account (for Joint								
	Acc	ounts only)								
	Full	Address of Joint Account Holder	:							
	Pho	ne No.	:							

(# please put which is applicable)

The Bank or its Officers will not be held responsible for the genuineness/authenticity of documents like FIR, Death Certificate, Postmortem report, etc, being submitted by the claimant to the Insurance Company. It shall be the responsibility of the Insurance Company to ascertain their authenticity. All further correspondence should be made directly between the claimant and the Insurance Company. The claim settlement will be entirely the responsibility of Insurance Company. All settlements/disputes will be between the claimant and the Insurance Company, and the Bank will not be a party to such disputes.

For State Bank of India,

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Signature of Branch Manager (SS No. Name: