



To,
Head - Claims
SBI Life Insurance Co. Ltd.
2nd Floor, Kapas Bhavan
Plot No 3A, Sector No. 10
CBD Belapur, Navi Mumbai - 400 614

Claim Form for Death Benefit under Sampoon Suraksha Employer Employee Scheme

Master Policy (MP) Number: 72100069409

PF no.: _____

Master Policy Holder Name: State Bank of India - IR Department

Housing Loan Account No: _____

We write to convey that the under mentioned member, who was covered under the above mentioned, has expired.

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

1. Name of the Life Assured (Deceased Member) : _____

2. Date of Birth : _____ / _____ / _____
DD MM YYYY

3. Date of Death : _____ / _____ / _____
(Please attach original/attested copy of Death Certificate) DD MM YYYY

4. Cause of Death : _____

5. Outstanding Loan Amount as on the date of death: Rs. _____ (to be credited to the above mentioned housing loan account no.)

If the Sum Assured is more than the outstanding loan as on the Date of Death, please pay the excess of Sum Assured over the outstanding loan, into the bank account (details of which are given below) of Mr/Mrs/Ms. _____
_____ <relationship of payee> of deceased member.

The bank account details of the payee are

Account No. : _____

IFSC Code : _____

Bank & Branch Name: _____

(Please attach attested copy of cheque which mentioned correct account number)

We further hereby declare that the information / details furnished above are correct and accurate.

Place: _____

Date: _____

Authorized Signatory (Branch Manager) on behalf of the Master Policy Holder:

Name: _____

Designation : _____

Signature: _____

Contact No. : _____

Specimen Signature code: _____

State Bank of India Seal:

Email Id: _____

Branch
Round
Seal