



भारतीय विमानपत्तन प्राधिकरण  
AIRPORTS AUTHORITY OF INDIA

F.No.PERS/IR/1107/1/2007

April 22, 2010

The Regional Executive Director  
NR/SR/WR/ER/NER  
Delhi/Chennai/Mumbai/Kolkata/Guwahati

Airport Director, NSCBI/Chennai/  
Trivandrum Airport

ED(RCDU/FIU)

The Principal  
CATC, Allahabad

Sub: HBA Insurance Scheme-Renewal with M/s Star Union Dai-ichi Life Insurance Company Ltd..

Sir,

Kindly refer to CHQ letter No.AAI/PERS/IR/1107/2008(Pt.) dated 8<sup>th</sup> August,2008 intimating therein that a Group Term Insurance Scheme – Outstanding House Building Loans is introduced in AAI w.e.f.30/12/2007 and Policy was awarded to M/s Life Insurance Corporation of India which was valid upto 31/03/2010.

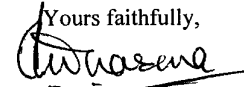
It is intimated that the coverage under HBLI (House Building Loan Insurance) Scheme, has now been awarded to M/s Star Union Dai-ichi Life Insurance Company Limited, Mumbai. The policy no of which is GT/00000042.

It is requested that all claims effective from **01/04/2010** may be forwarded as per the Death Claim Intimation Form & Advance Discharge Voucher(copy enclosed as Annexure-I) issued by M/s Star Union Dai-ichi Life Insurance Company Limited and the following documents are also required while forwarding the claim to CHQ:-

1. **Death Claim Intimation Form duly signed by the Executive of the Personnel Directorate(Form Enclosed)**
2. **Advance Discharge Voucher (Enclosed)**
3. **Original/Attested Death Certificate issued by local Municipal Authority**
4. **Copy of last Salary Slip**
5. **FIR, Panchnama & PostMortem report (wherever applicable)**

Further, it is observed that there is delay in forwarding the claim to CHQ by Airport/Unit which results into further delay in settlement of the claim. You are therefore requested to depute a Nodal officer from the Airport/Unit to process & forward such claim within a period of one month from the effective date of death alongwith required documents.

It may be ensured that all the above documents are given for speedy clearance of claim.

Yours faithfully,  
  
(S K SHARMA)

Jt.General Manager(Pers.)

Encl: As above

Copy to:

General Manager(Personnel), RG Bhawan, CHQ.



**Star Union  
Dai-ichi**  
LIFE INSURANCE

**Star Union Dai-ichi Life Insurance Company Limited**

**( Group ) - Death Claim Intimation Form**

Date :

Documents to be submitted depending upon the cause of death of the Employee / Member are listed below :

Cause of Death	List of documents required to be submitted along with this intimation form
Natural	1. Duly attested Death Certificate of the Employee / Member 2. Any other form if required shall be sent by SUD Life on receiving this intimation form duly signed by Group Administrator.
Accident	1. Duly attested Death Certificate of the Employee / Member 2. Copy of : A. First Information Report B. Spot Panchanama C. Post Mortem Report 3. Any other form if required shall be sent by SUD Life on receiving this intimation form duly signed by Group Administrator.

1. Name of the Master Policy Holder	
2. Master Policy Number	
3. Type of Death Claim	<input type="checkbox"/> Natural <input type="checkbox"/> Accidental
4. Name of the Member & Co-applicant, if any	
5. Whether premium paid for co-applicant also	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Membership Number / ID number	
7. Loan Account Number	
8. Date of Loan Disbursement	DD / MM / YYYY
9. Amount of Gross Loan Sanctioned	
10. Amount of Loan Disbursed	
11. Amount of Loan Outstanding as per schedule	
12. Amount of Loan Outstanding as on Date of Death	
13. Amount of Outstanding Interest on date of Death	
14. Date and Time of Death of the Member	
15. Place of Death / Cause of Death	

16. Details of leave taken by member one year prior to commencement of cover :

From ( Date )	To ( Date )	Reasons for leave	Nature of illness
1			
2			
3			

16. Moratorium Period under the Master Policy	
17. Whether Date of Death is within Moratorium Period from Date of Disbursement	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Name of the Beneficiary / Nominee* ( Not applicable in Housing Loan Death Claims or where the master policy is taken for covering the risk of any type of Loan paid to member / employee by the Master Policy Holder )	
19. Relationship of the Nominee to Life Assured	
20. Name of the Appointee, if Nominee is a minor	
21. Signature of the Appointee	



**Star Union  
Dai-ichi**  
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### Advance Discharge Voucher by the Master Policy Holder

We, \_\_\_\_\_ ( Name of the Master Policyholder ) under the Master Policy no. \_\_\_\_\_, do hereby acknowledge that the Star Union Dai-ichi Life Insurance Company Ltd. has paid us a sum of Rs. \_\_\_\_\_ ( In words Rs. \_\_\_\_\_ ) as full and final settlement under the reported death claim under Employee ID No. / Membership No. \_\_\_\_\_ on the life of Mr. / Mrs. / Ms. / \_\_\_\_\_, who died on date : \_\_\_\_\_.

Herewith find enclosed : 1. Attested Copy of the Death Certificate

2. A. First Information Report / B. Spot Panchanama C. Post Mortem Report

( Please tick the enclosures sent along with this intimation form )

Please affix Re. 1/ Revenue Stamp and sign across the stamp		Fill postal address of the Master Policy Holder
		Please note that the address should be complete in all respects including the Pin Code Number
Authorized Signatory should sign across the revenue stamp	Seal of the Master Policy Holder	Pin Code :

**Declaration :** We hereby declare that the information given above is correct to the best of our knowledge and belief. The information has been received and confirmed at our end and after due diligence is observed, the same has been re-produced herewith while filling this Death Claim Intimation Form - Groups. We also declare that we are the sole beneficiaries under the Group Death Claim paid vide this Discharge Form. The outstanding amount of loan / interest / Loan and interest as on the date of death mentioned is the full and final amount covered under the said master policy for this Life Assured.

\_\_\_\_\_  
Signature of the Witness

\_\_\_\_\_  
Signature of the Authorized Signatory

#### Information

**Various options for submission of Death Claim Intimation of the Employee / Member to SUD Life Insurance Company Limited, Vashi, Navi Mumbai - 400703.**  
*The required forms to be sent by any mode mentioned below shall depend on the cause of death of the member / employee.*

**By e-mail :** Kindly submit this Death Claim Intimation form [customercare@sudlife.in](mailto:customercare@sudlife.in) from official e-mail id of the Authorized Signatory along with the attested scanned copy of the Death Certificate.

**By Fax :** Please fax this Death Claim Intimation form along with the attested scanned copy of Death Certificate on Fax No. 022 - 39546211 / 022 - 39546212

**By Courier :** Please send this Death Claim Intimation form along with the attested scanned copy of the Death Certificate on Following Address : Death Claim Department, Star Union Dai-ichi Life Insurance Company Limited, 11th Floor, Raghuleela Arcade, Sector 30 A, Opposite Vashi Railway Station, Vashi, Navi Mumbai - 400703