

भारत सरकार  
आधार

सरजीत कुमार  
Sarjeet Kumar  
जन्म तिथि/DOB: 07/12/2002  
पुरुष/ MALE

3821 2395 0730

मेरा आधार, मेरी पहचान

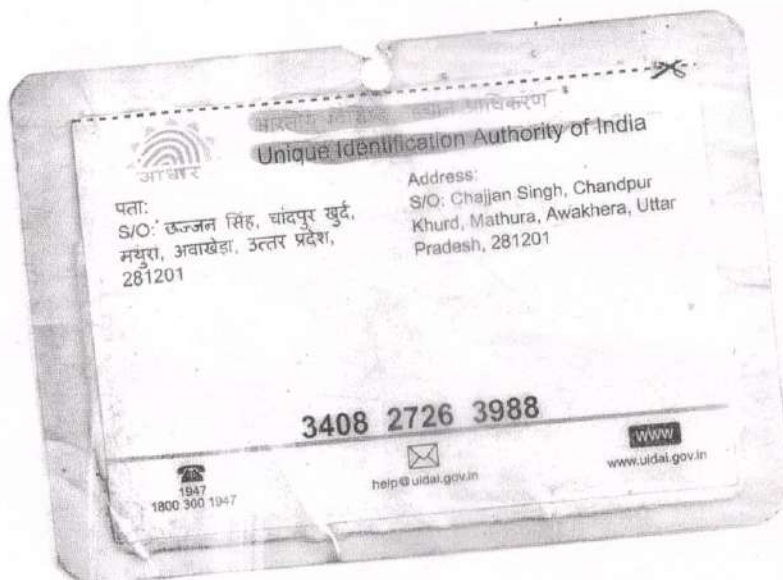
भारतीय विधिपहचान प्राधिकरण  
भारत सरकार, भारत

पता:  
आत्मज: श्रीपाल सिंह, ग्राम चांदपुर खुर्द, चांदपुर खुर्द, मथुरा,  
उत्तर प्रदेश - 281201

Address :  
S/O: Shripal Singh, Gram Chandpur Khurd,  
Chandpur Khurd, Mathura,  
Uttar Pradesh - 281201

3821 2395 0730

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1997

भारतीय निर्यात आरक्षण प्राधिकरण द्वारा जारी किया गया है।  
Deposit Insurance Cover is available as per RBI guidelines

शाला का नाम और पता  
Name & Address of the Branch: 281201  
MATIURADSI  
MANGALJI

SYNEB0008647

281025306

tx: 8547@syndicatebank.co.in

एफआईसीआर सं/MICR No:  
टेलीफोन सं/Tel. No:  
फैक्स/Fax:  
ई-मेल/E-mail:  
आईएफएससी/IFSC:

पोपोओ सं.:  
PPO No.:

कारोबार का समय Business Hours

नाम Name  
पता Address  
Mr. SARJEET KUMAR  
SO SHRIPAL SINGH  
CHANDUR KHURD  
AMAKHERA

MAT MATHURA . 281201

जन्म तिथि Date of Birth: 07/12/2002  
खाला सं खाला सं  
Joint Names : 1. 85472200097616  
व्यक्ति नागरिक हैं/नहीं Senior Citizen Y/N  
PAN

Customer ID : 59127260  
खाता खोलने की तिथि Account Opened on 13/06/2019  
1639/13.06.2019

नामांकित A/C Operating Instruction:  
Nomination Registration No & Date

पाम-बुक निर्गम तिथि Date of Issue of Pass Book 25/06/2019

आधिकारित हस्ताक्षर  
Authorized Signatory

Claim Statement Form - Lender Borrower Group

(Please note: This form should be used only for Credit Life policies)

POLICY DETAILS:

Master Policy number(s): \_\_\_\_\_ Master Policyholder: HERO FINCORP LIMITED  
 Member Name: SHREEPAL  
 Member ID/Loan Account number: MAT7W200100016457031 App id- 68277522  
 Date of Death/ Event: 24/01/2025  
 Cause of Death:  Accidental  Non-Accidental  Suicide  Others Please specify Natural

SECTION I - INFORMATION OF CLAIMANT/ NOMINEE:

Claimant / Nominee Name: SARJEET KUMAR  
 Address: GARAN CHANDPUR KANUD MATHURA  
 City: MATHURA State: U.P Pin Code: \_\_\_\_\_  
 Contact details : Phone No: \_\_\_\_\_ Mob No: 9557047308  
 Email ID: SARJEETKUMAR9557047308@gmail.com Relationship with Member: SON

CLAIMANT / NOMINEE ELECTRONIC PAYOUT OPTION

Bank Name: CHITRA BANK  
 Branch Name & Address: MATHURA  
 Bank Account Number: 05472300097616  
 IFSC Code CNAB0010547 MICR Code 281015209

SECTION II AUTHORIZATION AND DECLARATION

I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions.  
 I hereby declare that the particulars given in this form are true, correct and complete in all aspects and I take full responsibility of the genuineness and correctness of the details filled herein.  
 If any transaction is delayed or not effected at all or for non-receipt of any payment on account of wrong/ incorrect/ incomplete information given by me in this form, I shall not hold the company responsible in any manner whatsoever.  
 I hereby give my consent to ICICI Prudential Life Insurance Co Ltd and its representatives to obtain additional documents and/or information as is required to settle this claim and I request the relevant authorities to release the sought information to ICICI Prudential Life Insurance Co Ltd and its representatives.  
 I hereby agree to indemnify ICICI Prudential against all liabilities that ICICI Prudential may incur on account of any claim being made by any other person on the basis of possession of the Policy document, Certificate of insurance or otherwise.

Date: \_\_\_\_\_ Place MATHURA \* Name & Signature of the Nominee / Claimant

SECTION III - DECLARATION BY THE MASTER POLICYHOLDER

a) Sum Assured for which the member of the Group Insurance Policy was insured	INR:
b) Original Amount of Loan (A)	INR:
c) Particulars of the recoveries made by the Master Policyholder towards the Loan	INR:
d) Outstanding Loan Balance as on the date of happening on the contingent event covered. (Amount Payable to Master Policyholder) (B)	INR:
e) Balance Claim Amount (Amount Payable to nominee) (A-B)	INR:

The above mentioned details if provided then Credit Account Statement is not required

Risk commencement date: DDMMYY

The above mentioned information/ details are verified and accurate

The Insured member/ Nominee/ Beneficiary who had submitted the Claim Statement form is the same person who has been registered by the Master Policy holder as the Insured Member/ Nominee/ Beneficiary under the Group Master Policy.

Date: \_\_\_\_\_ Place: \_\_\_\_\_ \* Name & Signature of the Master Policy Holder

LIST OF DOCUMENTS

Death claim:  
 1. Certificate of Insurance (COI)  
 2. Copy of death certificate issued by local authority  
 Below additional document required in case of split-payment:  
 1. Claimants current address proof  
 2. Claimants photo identity proof  
 3. Claimants Cancelled cheque/ Copy of bank passbook\*

\*As per regulatory requirement, Insurers are required to pay all payout due to policyholders/ nominees/ assignee by directly crediting the money into their bank account.

Rider/ Living Benefits:

1. Copy of Certificate of Insurance (COI)
2. Definition Fulfillment Document (All Medical reports, case histories, investigation, reports, treatment papers, discharge summaries, precise diagnosis of the treatment for which a claim is made)
3. Cancelled Cheque for processing electronic payment
4. Current address proof and photo identity proof

ADDITIONAL DOCUMENTS

Accidental Death- (Additional documents required in case of accidental death benefit)  
 1. Copy of FIR  
 2. Panchnama  
 3. Inquest report  
 4. Postmortem report  
 5. Driving Licence

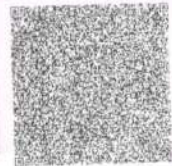
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
JYIPK0190J



नाम / Name  
SARJEET KUMAR

पिता का नाम / Father's Name  
SHRIPAL SINGH

21122024

जन्म की तारीख /  
Date of Birth  
07/12/2002

हस्ताक्षर /  
Signature