



State Bank of India - Insurance Claim Form

A. Policy & Claim Details

Claim ID:	C12345
Policy Start Date:	2023-01-15
Claim Date:	2024-02-20

B. Insured Person Details

Full Name:	John Doe
Age:	45
Gender:	Male
Premium Amount (INR):	20000
Sum Assured (INR):	500000
Annual Income (INR):	750000

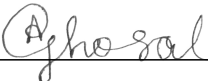
C. Insurance & Channel Details

Insurance Channel:	Bancassurance
Policy Number:	POL123456789
Product Type:	Pension
Claim Reason:	Medical Emergency

D. Contact Information

Email Address:	johndoe@example.com
Phone Number:	9876543210
Address:	123 Street, City, Country

I hereby declare that the information provided is accurate to the best of my knowledge.

Signature: 	Date:
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