

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

The Branch Manager
State Bank of India
[Branch Address]

[City, State, Zip Code]

Subject: Submission of Death Claim for Policy No. [Policy Number]

Dear Sir/Madam,

I am writing to formally submit a claim for the death benefit under the policy number [Policy Number] held with your bank, following the unfortunate demise of [Deceased's Name], who passed away on [Date of Death].

Details of the Insured:

- Name: [Deceased's Name]
- Policy Number: [Policy Number]
- Date of Birth: [Date of Birth]
- Relationship to Claimant: [Your Relationship]

Enclosed are the required documents for processing the claim:

1. Original policy document
2. Death certificate (copy)
3. Claimant's identity proof (copy)
4. [Any additional documents required]

I kindly request you to process this claim at your earliest convenience. Should you require any further information or clarification, please feel free to contact me at the provided phone number or email address.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if submitting a hard copy)]