

## Group Claim Form - Non Employer Employee (Non MFI)

### Master Policyholder Details

Policy No.: ✓ XXXXXXXX Master Policyholder Name: ✓ E.g. ABC Bank

### Insured Member Information

Member Name: ✓ Mr. X Member No.: ✓ XXXXX 00  
 Date of Birth: ✓ DD/MM/YYYY Certificate/Loan Account No.: ✓ XXXXXXXXX Sum Assured (INR): ✓ E.g. 50000  
 Coverage Start date: ✓ (DD/MM/YYYY) Policy Issue date: ✓ (DD/MM/YYYY) Original Loan Amount (INR): ✓ E.g. 55000

### Section - I (Information regarding the Claimant)

	Claimant 1	Claimant 2	Claimant (MPH)
Title	✓ Mr./Mrs./Ms.		
Name	✓ ABC		
Gender	✓ Female/Male		
Date of Birth	✓ DD/MM/YYYYYY)	(DD/MM/YYYY)	(DD/MM/YYYY)
Address	✓ Nominee's permanent address		
Contact No.	✓ XXXXXXXXXXXX		
Email ID	✓ XXXX@xyz.com		
Relationship with Member	✓ E.g. Son/Daughter/Wife		
<b>NEFT Details</b>			
Bank Name	✓ E.g. State Bank of India		
Type of Bank Account	<input checked="" type="checkbox"/> Saving <input type="checkbox"/> Current	<input type="checkbox"/> Saving <input type="checkbox"/> Current	<input type="checkbox"/> Saving <input type="checkbox"/> Current
Bank Account Number	✓ E.g. 12345		
Branch Name & Address	✓ E.g. Mumbai Branch		
IFSC^	✓ E.g. SBIN000022		
Percentage of claim payout ratio (total should be 100%)	✓ E.g. 100		

^11 digit alphanumeric code appearing on your cheque leaf

### Note

- In case of minor Nominee, details to be filled by Appointee/Legal heir.
- A cancelled personalised cheque with account holder's name, account no. and IFSC present should be submitted along with this NEFT Mandate. Where the cheque is not personalised, a latest bank statement (not more than 3 months old) or copy of passbook where account holder's name, account no. and IFSC is mentioned needs to be submitted with the mandate.
- This mandate upon processing will override any of the previously tagged NEFT Mandates for all policies held by the client with HDFC Life.
- In case of NEFT failure or any further requirements are pending on the mandate, payout will be kept on hold till fresh NEFT mandate is received. Intimation will be sent to you regarding the same.

### Section - II (Information regarding the Member)

#### Death Claim (Applicable in case of death claim)

A Date of Death: ✓ DD/MM/YYYY Time of Death: ✓ HH:MM Place of Death: ✓ E.g. Hospital/Home  
 Exact/Immediate Cause of Death: ✓ E.g. Heart Attack, Cancer etc.

#### Critical Illness Claim (Applicable in case of critical illness claim)

B Type of Illness: ✓ E.g. Stroke Date of Diagnosis: ✓ DD/MM/YYYY

### Details of Doctors/Hospital/Clinic Certifying Death

Name of Doctor	Name & Address of Clinic/Hospital	Contact No.
✓ E.g. Mr. P	✓ E.g. Apollo Hospital	✓ XXXXXXXXXXXX

**Past Treatment Records**

Name of Doctor	Name & Address of Clinic/Hospital	Contact No.	Date of Consultation	Reasons for Consultation
✓ E.g. Mr. B	✓ E.g. Fortis Hospital	✓ XXXX	✓ DD/MM/YYYY	✓ E.g. For further treatment of heart attack

**Details Regarding Police Investigation (For unnatural death) (Applicable in case of Accident)**

Place of Accident	✓ E.g. Mayurbhanj
Registration no. of vehicles involved (if available)	✓ Vehicle registration no.
Name, address & contact no. of drivers (if available)	✓ Name and address of driver
Was a post mortem carried out? If yes, name, address & contact no. of hospital.	✓ Post mortem details
Name, address & contact no. of police station where the incident was reported	✓ Police station name, address and contact detail
Findings (please send copy of report, if available)	✓ Findings as per report

**Section III (Instruction-cum-Confirmation-cum Discharge, Advance Discharge Voucher and Declaration of Claimant)**

Claimant 1: Mr./Ms./Mrs. ✓ ABC Claimant 2 Mr./ Ms./Mrs.

I/We, the Claimant(s) herein acknowledge and declare receipt of all amounts due\* and payable under the policy mentioned above towards full and final settlement of the claim. I/We hereby declare that HDFC Life is discharged of all its liabilities under the said policy. I/We undertake to refund any amount that is credited to my/our account either in excess or which is not due to me/us, at any time, for any reason and to this effect, I/we confirm that the particulars given here are true, correct and complete in all aspects.

I/We, the Claimant(s), hereby declare that the statement (covered under Section II) made above is true and complete in each and every respect. I/We authorise the Doctor(s) who have examined/treated the deceased member for any ailment or illness, or any other person to provide information regarding the state of health of the deceased which he/she may have acquired before/after the issuance of the policy by HDFC Life to the Insurer. I/We agree to provide and furnish details and reports as and when required by HDFC Life for processing this claim.

I/We, the Nominee/Nominees in respect of the insurance availed by the Member (details of the insurance are given in the below Table), consequent to the death of the Member, I/we, as the Nominee(s), am/are eligible to receive the insured amount from HDFC Life. For this purpose, I/we have made/ I/we am/are making the necessary claim application to HDFC Life. Since I am/we are required to pay the outstanding loan amount, as per the below table, to the Master Policyholder described below, I/we instruct and authorise HDFC Life to pay the amount, shown as outstanding in the table below to the Master Policyholder directly, and the balance amount be paid to me/us. Upon such payment by HDFC Life on my/our instructions and on my/our behalf to the Master Policyholder, and upon issuance of payment for balance insurance claim amount to me/us, HDFC Life shall stand fully discharged in respect of the claim amount due to me/us.

**I/ We understand and affirm that HDFC Life shall have the right to initiate appropriate legal action apart from repudiation of claim in case of any fraud including but not limited to willful misrepresentation.**

✓ Date: DD/MM/YYYY  
 ✓ Place: Place

SIGN HERE  
 ✓ Nominee's Signature

Revenue Stamp

Signature of the Claimant 1

Date: (DD/MM/YYYY)  
 Place: \_\_\_\_\_

SIGN HERE

Revenue Stamp

Signature of the Claimant 2

\* After deduction of outstanding loan amount

**Section IV - Declaration to be made by the Third person where the Claimant has affixed his/her thumb impression/has signed in vernacular / has not filled the application (Applicable in case vernacular sign or thumb impression done by nominee)**

I hereby declare that I have explained the contents of this application form to the Claimant in \_\_\_\_\_ language and have truthfully recorded the answers provided to me. I further declare that the Claimant has signed/affixed his/her thumb impression in my presence.

Declarant Name: ✓ Third Person Name  
 \_\_\_\_\_

✓ Date: DD/MM/YYYY  
 ✓ Place: Place

SIGN HERE  
 ✓ Third Person Signature

Signature of the Third Person

**Section V - Consent to receive communication from HDFC Life (To be filled to receive communication via call/SMS)**

I/We hereby give my/our consent to receive communication from HDFC Life or its authorised representatives via phone (call/SMS). Further, I/we hereby give my/our consent to receive other related information from HDFC Life or its authorised representatives through electronic mode including but not limited to SMS, Email and WhatsApp.

Claimant Name: ✓ Mr. ABC  
 \_\_\_\_\_

✓ Date: DD/MM/YYYY  
 ✓ Place: Place

SIGN HERE  
 ✓ Nominee's Signature

Signature of the Claimant

### Section VI - Declaration from Master Policyholder

I/We, hereby direct HDFC Life to process payout for the amount\* mentioned above in favour of the above Claimant/s under the policy. I/We undertake to refund any amount that is credited to my/our account either in excess or which is not due to me/us, at any time, for any reason and to this effect, I/we confirm that the particulars given here are true, correct and complete in all aspects.

I/We hereby declare that the above mentioned member whose Death Certificate and First Information Report (FIR in case of an accidental death) is attached/enclosed herewith was the person included in the policy under the aforementioned Member Number. I/We further confirm and declare that the information furnished in the credit account statement is verified by me/us and above particulars are true and complete to the best of my/our knowledge and belief. If the Claimant is a minor, I/we will ensure that the death benefit will be passed on to the legal representative of the Claimant. I/We confirm that the sum assured received in my/our favour, if assigned as such, or in favour of the Nominee/s, if no assignment exists, is in full and final settlement and discharge of all claims and demands under the said policy on the life of the above mentioned member.

Credit Account Statement		
a) Sum Assured for which the member of the Group Insurance Policy was insured	INR	E.g. 50000
b) Original Amount of Loan	INR	E.g. 55000
c) Particulars of the recoveries made by the Master Policyholder towards the Loan	INR	E.g. 40000
d) Outstanding Loan Balance as on the date of happening on the contingent event covered. (Amount Payable to Master Policyholder)	INR	E.g. 10000
e) Balance Claim Amount (Difference between the sum assured referred under (a) above and Outstanding Loan Balance referred under (d) above) payable to the insured on the happening of the other contingent event or to the Nominee/Beneficiary of the deceased member in case of death claims	INR	E.g. 40000

I/We do hereby declare that the information/details furnished in the CREDIT ACCOUNT STATEMENT above is true, correct and complete in all aspects.

Date: DD/MM/YYYY

Place: Place

\* After deduction of outstanding loan amount

**SIGN HERE**  
**Master Policyholder's Signature and Stamp**  
 Company Seal and Autorised Signatory / Signature of Master Policyholder

### Please submit the documents mentioned below

Documents	Natural death/ Due to illness	Unnatural death (accident, suicide, murder etc)	Critical Illness/Disability /Terminal Illness
<b>Claim Form</b> - (Complete filled, signed by claimant & signed, stamped by the Master Policyholder (MPH), as per applicability)	<b>Mandatory</b>	<b>Mandatory</b>	<b>Mandatory</b>
<b>Member enrollment form/Member Authorisation form</b> ( Lender - Borrower Schemes) **Not applicable for GTI Employer /Employee Claim	<b>Mandatory</b>	<b>Mandatory</b>	<b>Mandatory</b>
<b>Death Certificate</b> - Issued by Municipal Authority/ Gram Panchayat - under section 12/17 & self attested by the claimant.	<b>Mandatory</b>	<b>Mandatory</b>	<b>Not applicable</b>
<b>Medical certificate of Death</b> - Self attested copy of Certificate by the medical examiner who declared the Life Assured dead, submitted for cremation purposes.	<b>Mandatory</b>	<b>Not applicable</b>	<b>Not applicable</b>
<b>*Nominee/ Beneficiary NEFT details</b> - A Cancelled copy of printed cheque with Account holder's Name, Account No. and IFSC where the cheque is not printed, latest 6 months bank statement or copy of passbook with first page and transactions for last 6 months. *Not applicable if the entire payout is towards the Master Policyholder (MPH).	<b>Mandatory</b>	<b>Mandatory</b>	<b>Mandatory</b>
<b>Sum assured Bifurcation</b> - Sum Assured Bifurcation - (Sum Assured / Original Loan Amount/Recovery made by Master Policyholder (MPH) towards the loan/Outstanding loan balance as on the date of death) to confirm break up of amount payable to MPH & balance amount payable to Claimant).	<b>Mandatory</b>	<b>Mandatory</b>	<b>Mandatory</b>
<b>Police Record</b> - Copy of First Information report, Police Panchnama, Police Inquest report, Final closure report, attested by police authority.	<b>Not applicable</b>	<b>Mandatory</b>	<b>Not applicable</b>
<b>Post Mortem report</b> - Copy attested by hospital authority & final Viscera/Chemical analysis report, if preserved for confirming cause of death on the Post Mortem Report.	<b>Not applicable</b>	<b>Mandatory</b>	<b>Not applicable</b>
Self attested copy of Complete set of <b>medical records</b> , treatment papers for past and current illness	<b>Non-Mandatory</b>	<b>Non-Mandatory</b>	<b>Mandatory</b>
Self attested copy of <b>PAN card &amp; other KYC documents</b> of the Nominee	<b>Mandatory</b>	<b>Mandatory</b>	<b>Not applicable</b>
Self attested copy of <b>age proof of life assured</b> and PAN card/ other KYC documents of the Nominee	<b>Mandatory</b>	<b>Mandatory</b>	<b>Mandatory</b>

### Section VII - Declaration and Authorisation

I authorise HDFC Life to share and obtain information on behalf of me with/from any reinsurer, insurance association, medical authorities, other insurers, statutory authorities, employer, court, governmental body, regulator using an investigation agency or other service provider(s) for servicing insurance policy, underwriting risk, settlement of claim, etc. without obtaining my specific consent for such sharing and I hereby provide my consent for the same.

Date: DD/MM/YYYY  
 Place: Place

**SIGN HERE**  
**Nominee's Signature**  
 Signature of Claimant

**Disclaimer:** Depending on circumstances of claim, further documents like Loan Account Statement, Credit Analysis Memorandum (CAM) sheet etc may be called as deemed fit by HDFC Life.

HDFC Life Insurance Company Limited (HDFC Life). CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.

Regd. Off: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

For queries or more information, call us on 1860-267-9999 (Local charges apply) | 022-68446530 (STD charges apply). Available Mon-Sat from 10 am to 7 pm. DO NOT prefix any country code e.g. +91 or 00. | Email – service@hdfclife.com |

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