

GTI Claim Form

Master Policy Number: _____ Member Name : _____

Master Policyholder Name : _____ Member Number: _____

Employee ID: _____ Sum Assured:INR _____

Section - I (Information regarding the Claimant & also if the policy is not assigned)

Upon admissibility of Claim, the payment to be made in favour of:

Group Policyholder: _____ Beneficiary : _____

	Claimant 1	Claimant 2	Claimant 3 (MPH)
Title			
Name			
Gender			
DOB			
Address			
Contact No.			
Email ID			
Relationship with Member			
NEFT Details			
Bank Name			
Type of Bank Account			
Bank Account Number			
Branch Name & Address			
MICR Code			
IFSC Code			

Section II - Information regarding the Member

Date and Time of Death: _____ Place of Death: _____

Exact/Immediate Cause of Death: _____

Date of Birth of Member: _____ Duration of Last Illness: _____ Date of Last Working Day: _____

For Critical Illness: Type of Illness: _____ For Critical Illness : Date of Diagnosis: _____

Details of Doctors/Hospital/Clinic Certifying Death

Name of Doctor	Name & Address of Clinic/Hospital	Contact No

Details of Medical Consultant

Name of Doctor	Name & Address of Clinic/Hospital	Contact No	Date of Consultation	Reasons for Consultation

Section III - Employee Details

- Date of joining the company by member:
- What is the exact nature of employment/job title:
- Reason for leaving (if applicable):
- Was member actively at work? (Yes/No)
- Please provide leave records for member during the last six months:

Absence From	Absence To	Type of Leave	Medical Evidence Received

Section IV (Discharge Voucher/ Advance Discharge Voucher)

Claimant 1: Mr./Mrs. _____ Claimant 2: Mr./Mrs. _____

I/We, the claimant(s) herein acknowledge and declare the receipt of all the amounts due* and payable under the above mentioned policy towards the 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 undertake to refund any amount that is credited to my account either in excess or which is not due to me, at any time, for any reason and to this effect. I confirm that the particulars given here are true, correct and complete in all aspects.

Revenue Stamp

Revenue Stamp

Signature of the claimant 1

Signature of the claimant 2

Date : _____ Place: _____

Date : _____ Place: _____

[Note: The Direction below is to be completed by the Policyholder]

I/We _____ and _____ do hereby direct HDFC Life to draw the cheque for the above mentioned amount* in favour of Mr./Mrs. _____, being one of the claimants under the policy.

I/We undertake to refund any amount that is credited to my account either in excess or which is not due to me, at any time, for any reason and to this effect. I confirm that the particulars given here are true, correct and complete in all aspects.

Revenue Stamp

Signature of the Master Policyholder

Date : _____ Place: _____

Section V (Declaration)

Declaration of Claimant

I/We, the claimant(s), do hereby declare this statement (covered under Section II) made here in 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 Standard Life Insurance Company Limited to the Insurer.

I/We agree to provide and furnish details and reports as and when required by HDFC Life for processing this claim.

Claimant 1

Claimant 2

Date : _____ Place: _____

Date : _____ Place: _____

Declaration of Master Policyholder

We do hereby declare that the above named member whose Death Certificate and First Information Report (FIR in case of an accidental death) is attached hereto was the person included in the policy under the fore mentioned Member Number. We further confirm and declare that the above particulars are true and complete to the best of our knowledge and belief.

If the claimant is a minor, we will ensure that the death benefit will be passed on to the legal representative of the claimant. We confirm that the sum assured received in 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.

Signature of the Master policyholder (Authorised Signatory / Company Seal)

Date: _____ Place: _____

Please submit the documents mentioned below:

Type of Requirement	Cause of Claim			
	Natural Death	Unnatural Death (Accidental / Murder / Suicide)	Critical Illness / Disability	Terminal Illness
Death certificate issued by Municipal Authority	✓	✓	X	X
Cause of Death certificate issued by the treating doctor	✓	✓	X	X
Police records (viz. First Information Report, Panchnama, Inquest Report, etc.) attested by Police authority	X	✓	X	X
Post Mortem Report attested by hospital authority	X	✓	X	X
Complete medical records (for past and current illness)	X	X	✓	✓
Certificate from treating doctor	X	X	✓	✓
A cancelled personalised cheque with account no. and IFSC code. Where the cheque is not personalised, a latest bank statement (not more than 3 months old) or copy of passbook (where account number and IFSC code is mentioned)	✓	✓	✓	✓

NOTE:

- Any copy of records submitted must be attested as seen and verified with original by Master Policyholder.
- English Translation of vernacular documents is mandatory.
- IRDA circular no IRDA/F&A/CIR/GLD/056/02/2014 mandates that all claim and maturity payments or any other sum, due to the policyholders, shall be made only through electronic modes of payment. Kindly submit duly filled NEFT mandate form, along with necessary documents, at your nearest HDFCLife branch.