

Declaration:

- I/We hereby declare that the particulars given above are correct. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information, I/We would not hold HDFC Life Insurance Company Limited ("HDFC Life") or any of its associates/agents responsible. Further, I agree to keep HDFC Life indemnified against any loss caused to them due to any incorrect information provided above.
- I/We further undertake to refund any excess amount whether demanded by HDFC Life or not, which has been credited in excess to my account at any time due to any reason.

Date: DD/MM/YYYY

SIGN HERE

Signature of Account Holder

Date: DD/MM/YYYY

SIGN HERE

Signature of Policyholder
(if policyholder is different from account holder)

Declaration:

I hereby authorize HDFC Life to credit to my account for the amount to be paid to me pursuant to the above claim. I hereby acknowledge and declare the receipt of all the entire amounts due and payable under the policy towards the full and final settlement of the claim. I 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 which is not due to me, at any time, for any reason and to this effect, I confirm that particulars given here are true, correct and complete in all aspect. I understand and agree that the submission of this form does not mean that the request will be processed. I understand that any payout under the Policy shall be strictly in accordance with the Policy terms and conditions. Also, any payment shall be subjected to realisation of the last renewal premium payment. Further, I understand that the Company shall not be held responsible for any non receipt of premium on account of wrong/incorrect/incomplete information given be me in this form. If a transaction is delayed or not effected at all due to incomplete or incorrect information, I shall not hold the Company responsible in any manner whatsoever.

Date: DD/MM/YYYY

SIGN HERE

Account holder's Signature

Part III - Claim submitted for (please tick any one of the below):

- | | | | |
|--|--|--|----------------------------|
| 1. Heart Attack <input type="checkbox"/> | 2. Coronary Artery Bypass Graft Surgery (CABGS) <input type="checkbox"/> | 3. Cancer <input type="checkbox"/> | 7. Others (Please Specify) |
| 4. Stroke <input type="checkbox"/> | 5. Major Organ Transplant <input type="checkbox"/> | 6. Kidney Disease <input type="checkbox"/> | |

Please complete the following details, if space provided in the box is inadequate, please attach annexure

Part IV - Details of Illness

A) What was the nature of the complaint and the symptoms?	
B) Please specify the treatment undertaken for the above complaint	
C) Date of first Diagnosis of illness	
D) Exact name of the Illness diagnosed	

Details of medical investigations/consultation for past and present illness and treatments

S.No.	Name of investigation/illness/surgery	Date of investigation/consultation/admission/surgery	Name of Pathology Lab/Treating Doctor/Surgeon	Hospital Address & Contact Number

Part V - Details of Life Assured's Habits

Substance	Forms of Consumption	Quantity
Alcohol	<input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Whisky <input type="checkbox"/> Others (Please Specify) _____	Per day _____ ml/bottle
Tobacco	<input type="checkbox"/> Cigaretts <input type="checkbox"/> Bidis <input type="checkbox"/> Chewing Tobacco	____ No. of sticks or packets
Drugs	<input type="checkbox"/> Ganja <input type="checkbox"/> Hashish <input type="checkbox"/> Heroin <input type="checkbox"/> Cocaine <input type="checkbox"/> Charas <input type="checkbox"/> Marijuana <input type="checkbox"/> Others	____ No. of sticks or packets

Were you required to be away from work due to this condition? Yes / No

If yes, please provide with details of dates and duration of time off work: _____

Part VI – Details of all other Insurance cover/claims

Name of Insurance Company	Policy Number/s	Sum Assured (INR)
Any other information you would like to provide which enable us to process:		

Declaration & Authorisation:

I _____ hereby declare that the statements made above are true and complete in each and every respect. I hereby authorise the hospital(s)/Doctor(s) who have examined or treated me for any ailment/illness, any laboratory where I may have undergone any investigation or tests; my employer(s), including any previous employer to provide information regarding the leave and medical assistance availed by me whether before or after the date mentioned in the form to furnish details of such ailments/illness and examination, treatment, investigation or test to the HDFC Life Insurance Company Limited or such persons or agency as may be authorised by the Company. I further authorise any government agencies including police and revenue to provide information and records that may be needed by HDFC Life to process the claim. I agree to provide and furnish any other information/reports if required by HDFC Life for processing the claim.

Date: DD/MM/YYYY Place: _____

NOTE: The declaration below is to be completed where there is more than one Claimant.

I/We, _____ and _____ do hereby direct HDFC Life to discharge the entire amount in favour of Mr./Mrs _____, being one of the Claimants under the Policy.

Date: DD/MM/YYYY Place: _____

SIGN HERE

Signature of Policyholder 1

SIGN HERE

Signature of Policyholder 2
 (In case of Joint life)

Part VII-Declaration made by third person where the Policyholder has affixed his/her thumb impression/has signed in vernacular:

The Policyholder has affixed his/her thumb impression/has signed in vernacular/has not filled the application. I hereby declare that the content of this application form has been explained to the Policyholder in _____ language and have truthfully recorded the answers provided to me. I further declare that the Policyholder has signed/affixed his/her thumb impression in my presence.

Name of the Declarant: _____

Date: DD/MM/YYYY Place: _____

Address: _____

SIGN HERE

Signature of Third Person

NOTE

With reference to recent regulatory changes, please submit PAN or Form 60 (if you do not have a PAN) with HDFC Life with immediate effect. Please update via My Account/service@hdfclife.com/022-68446530/HDFC Life branch. Ignore if submitted.

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

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

List of documents required for claim processing

1. Critical Illness Claim Form	Heart attack - ECG, Cardiac Injury Profile
2. Original Policy Document	CABG - Surgical Notes and Angiography Reports
3. Identity Proof	Cancer - Histopathology Report
4. Address proof	Stroke - CT- SCAN, MRI Report and Neurological Opinion
5. Cancelled Cheque leaf/Copy of Bank Passbook/Statement	Major Organ Transplant - Diagnosis of Original Report, Surgical Summary, Discharge Card
6. Any report which gives us confirmation of diagnosis	Kidney - Biopsy Report, Records of Haemodialysis

List of valid Identity & Address Proofs (Please tick the document submitted)

Photo Identify Proof (anyone)

- PAN Card Valid Passport Voter ID Card
 Aadhaar Card* Valid Driving License
 Bank Passbook with stamped photograph (not more than 6 months old)
 ID Card Issued by Central/State Govt. to employees
 Any other Central/State Govt. issued ID

Address proof (anyone)

- Valid Passport
 Voter ID Card
 Aadhaar Card*
 Valid Driving License
 Bank Passbook with stamped photograph (not more than 6 months old)

*I voluntarily provide my consent to use my Aadhaar to conduct identity check towards KYC compliance by HDFC Life