



**Section II - (Information regarding the Deceased)**Place of Death: \_\_\_\_\_ Date of Death: 

D	D	M	M	Y	Y	Y	Y
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 Time of Death: \_\_\_\_\_Cause of Death: Bomb Blast  Natural Calamity  Please mention type of calamity: \_\_\_\_\_

Last Residential Address: \_\_\_\_\_

Name of the Employer: \_\_\_\_\_

Contact person at employer location: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Name of a relative: \_\_\_\_\_ Relationship to the deceased: \_\_\_\_\_

Relative's Contact No.: \_\_\_\_\_ (Mobile No. is preferable)

**Section III - Details regarding Police Investigation**

Name and contact number of investigating officer \_\_\_\_\_

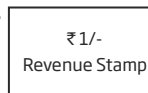
Name and address of police station where incident reported \_\_\_\_\_

Name, address and contact no. of hospital where post mortem was conducted \_\_\_\_\_

**Section IV - Advance Discharge Voucher and Authorisation**

I/We, the above mentioned Claimant(s) acknowledge and declare the receipt of the entire amount due and payable under the above mentioned policy towards the full and final settlement of the claim. I/We declare that HDFC Life is discharge of all its liabilities under the said policy.

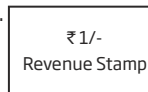
Signature of Claimant 1: \_\_\_\_\_ Date: \_\_\_\_\_ Place \_\_\_\_\_

**(Note: The declaration below is to be completed where there is more than one Claimant)**

Please sign across the revenue stamp

I/We \_\_\_\_\_ and \_\_\_\_\_ hereby direct HDFC Life to draw the cheque for the amount in favour of Mr./Mrs / Ms \_\_\_\_\_ being one of the claimants under the policy.

Signature of Claimant 2: \_\_\_\_\_ Date: \_\_\_\_\_ Place \_\_\_\_\_



Please sign across the revenue stamp

**Section V - Witness Attestation /Declaration**

Name of the Declarant: \_\_\_\_\_ Designation: \_\_\_\_\_

Contact No.: \_\_\_\_\_ Mobile \_\_\_\_\_ (Mobile No. is preferable)

Address: \_\_\_\_\_

Witness can be an advocate, Bank Manager, Block Development Officer, Commissioner of Oath/Notary, Doctor, Gazette Officer, Head Master of a high school, Head Post Master or Departmental Sub-Post Master, Magistrate or President of a village or local body.

**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:** 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.

Contact Number: \_\_\_\_\_ Signature: \_\_\_\_\_ Place: \_\_\_\_\_ Date: \_\_\_\_\_

**List of Documents**1. Death Claim Form  2. Death Certificate issued by Municipal Corporation  3. Original Policy Document  4. Beneficiary's Residence and Photo Identity Proof 

\*Depending on the circumstances of the death, further documents may be called for as we deem fit.

**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:** 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.**List of valid Identity & Address Proofs (Please tick the document submitted)****Photo Identify Proof (any one)**

- PAN  Valid passport  Voter ID Card  Aadhar 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 (any one)**

- Valid passport
- Voter ID Card
- Aadhar 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

**Customer Acknowledgement Copy**

Policy No.: \_\_\_\_\_ Policyholder Name: \_\_\_\_\_ Interaction ID: \_\_\_\_\_

Documents submitted: \_\_\_\_\_

Customer Relations Officer: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Claim Contact Points****HDFC Life Insurance Company Limited (HDFC Life).**  
11 Floor, Lodha Excelus, Apollo Mills, Compound,  
N.M. Joshi Road, Mahalaxmi, Mumbai - 400011Customer Help Line Number **022-68446530** (Call charges apply) Available  
Mon-Sat from 10 am to 7 pm. DO NOT prefix any country code e.g. +91 or 00. |  
Website: [www.hdfclife.com](http://www.hdfclife.com).Email us:  
[Claims@hdfclife.com](mailto:Claims@hdfclife.com)