

Statement of Death Claim (for Natural Calamities / Bomb Blast)

For Official Use Only

Date of Receipt:

Time of Receipt:

Received By:



Policy Number: _____

Name of the Deceased: _____

IMPORTANT:

The Death benefits under the above policy/s will be payable to the person legally entitled ("Claimant"). The person completing this form must be Claimant. If the Claimant is minor, the guardian/appointee may fill the form.

NOTE: Any change in ink or overwriting should be counter signed by the person or authority filling the form. Furnishing of this claim form is not to be construed as an admission of liabilities or waiver of any right by HDFC Standard Life Insurance Company Limited ("HDFC Life"). No agent has been or is authorised to admit any liabilities on behalf of HDFC Life.

Section I - Information regarding the Claimant, please fill in block letters only

Claimant Name: _____ Date of Birth:

D	D	M	M	Y	Y	Y	Y
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Address: _____

Contact No.* Off: _____ / Res: _____ / Mob: _____ (Mobile Number is Preferable)

Email ID*: _____ Relationship with the Life Assured: _____

Whether ☐ Nominee ☐ Assignee ☐ Holder of legal evidence of title ☐

PAN Number

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 Form 60 ☐ Form 61 ☐

Please affix recent passport size photo of the Claimant

* Contact details provided herein will be updated for all future communications. For customers registered under National Do Not Call Registry, this will be considered as consent to communicate with him/her on the contact details provided herein. Claimant's ID & Address proof along with PAN card needs to be submitted. In case Policyholder/Nominee/Claimant does not have PAN Card, then please submit **Form 60/61**.

NEFT Mandate

In case of children's plans, if beneficiary is a major, please provide beneficiary's account details.

Bank Account No.:

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Account Holder Name: _____

Bank Name & Branch: _____

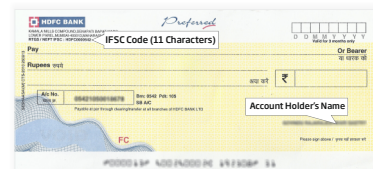
Account Type: ☐ Savings ☐ Current ☐ NRO ☐ NRE#

*All premium(s) paid from NRE Account: ☐ ** Proportionate premium(s) paid from NRE Account: ☐

IFSC Code^:

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 ^11 character code appearing on your cheque leaf



NOTE:

- A cancelled personalised cheque with account no. and IFSC code should be submitted along with this NEFT Mandate. Where the cheque is not personalised, a latest bank statement or copy of passbook (where account number and IFSC code 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 pending on the mandate, payout will be kept on hold till a fresh NEFT mandate is received. We will inform you about the same.
- *Refund to NRE account (Full or Proportionate) will be subject to ratio of premium(s) paid through NRE Account. Please submit a bank statement or Bank confirmation letter as an evidence for premium(s) paid through NRE account.
- ** In case of proportionate payout, please provide two NEFT mandates i.e. for NRE account and non-NRE account.

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 Standard Life Insurance Company Limited ("HDFC Life") or any of its associates/agents responsible.
- 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

Place: _____

SIGN HERE

Signature of Account Holder

Date: DD/MM/YYYY

Place: _____

SIGN HERE

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

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: _____

₹ 1/-
Revenue Stamp

(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: _____

₹ 1/-
Revenue Stamp

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.

HDFC Standard Life Insurance Company Limited ("HDFC Life").

Regd. Off: Lodha Excelus, 13th Floor, Apollo Mills Compound, N. M. Joshi Marg, Mahalaxmi, Mumbai - 400011. CIN: L65110MH2000PLC128245

List of valid Identity & Address proof (Please tick the document submitted)**Photo Identify Proof (any one)**

1. Aadhaar Card ☐ 2. Valid Passport ☐ 3. Voter ID Card ☐
4. Valid Driving License ☐ 5. PAN Card ☐ 6. Bank Passbook with stamped photograph ☐ 7. ID Card issued by Central / State Govt to employees

Address Proof (any one)

1. Aadhaar Card ☐ 2. Valid Passport ☐ 3. Voter ID Card ☐
4. Valid Driving License ☐ 5. Utility Bill (Electricity/Phone bill) not more than 6 months ☐ 6. Bank Passbook with stamped photograph ☐

Customer Acknowledgement Copy

Policy No.: _____ Policyholder Name: _____ Interaction ID: _____
Documents submitted: _____
Customer Relations Officer: _____ Date: _____ Time: _____

Claim Contact Points

HDFC Standard Life Insurance Company Limited ("HDFC Life").
11th Floor, Lodha Excelus, Apollo Mills, Compound, N.M. Joshi
Road, Mahalaxmi, Mumbai - 400011



Customer Help Line Number 1860-267-9999
(Local charges apply) Available Mon-Sat from 10 am to 7 pm
DO NOT prefix any country code e.g. +91 or 00.



Email us:
Claims@hdfclife.com