GTI Claim Form						Sar utha ke ji		
Personal Details								
Master Policy No.:		Member No.:						
Master Policyholder Name:								
Member Number:	Employee ID: Sum Assured (INR):							
Section - I (Information regarding th	e Claimant a	$\mathbb{S}$ also if the policy is not ass	igned)					
Upon admissibility of Claim, the payme	ent to be ma	de in favour of:						
Group Policyholder:			_ Beneficiary: _					
		Claimant 1	Claimar	nt 2		Claimant (MPH)		
Title								
Name								
Gender								
Date of Birth	([	D/MM/YYYY)	(DD/MM/)	YYYY)		(DD/MM/YYYY)		
Address								
Contact No.								
Email ID								
Relationship with Member								
NEFT Details								
Bank Name								
Type of Bank Account	Saving Current		Saving Current			Saving Current		
Bank Account Number								
Branch Name & Address								
MICR Code								
IFSC^								
Percentage of claim payout ratio (total should be 100%)								
^11 digit alphanumeric code appearing or	n your cheque	eaf						
Section - II (Information regarding t	he Member)	)						
For Death Claim								
A Date of Death: (DD/MM/YYYY)	Dat	te of Death: (DD/MM/YYYY)	Place of [	Death:				
Exact/Immediate Cause of Death:								
B Date of Birth of Member:(DD/N	1147 4 4 4 4 )	Duration of Last Illness:			_ Date of La	ist Working Day:(DD/MM/YYYY)		
For Critical Illness:								
Type of Illness:								
Date of Diagnosis:(DD/MM/YYYY)								
Details of Doctors/Hospital/Clinic C	ertifying De	ath						
Name of Doctor		Name & Address of Clinic/Hospital			Contact No.			
Details of Medical Consultant								
Name of Doctor	Name & Address of Clinic/Hosp		Contact No.		Date of nsultation	Reasons for Consultation		
	_			1				

• Date of joining the company by mem	ber: (DD/MM/YYYY)							
	nent/job title:							
Was member actively at work?      Ye								
Please provide leave records for mer								
-	-							
Absence From	Absence To	Type of Leave	Medical Evidence Received					
Section IV (Discharge Voucher/ Adva	nce Discharge Voucher)							
Claimant 1: Mr./Mrs.	Claimant 2 Mr./Mrs.							
1/11/2 the Claimant(s) herein asknowle	dae and declare receipt of all amounts d	ust and navable under the policy me	untioned above towards full and final					
	dge and declare receipt of all amounts d eclare that HDFC Life is discharged of all i		entioned above towards full and final					
-	that is credited to my/our account either		us, at any time, for any reason and to					
this effect, I/we confirm that the partic	ulars given here are true, correct and cor	nplete in all aspects.						
	SIGN HERE		SIGN HERE					
Date: (DD/MM/YYYY)		Date: (DD/MM/YYYY)						
Place:	ature of Claimant 1	Place:	Signature of Claimant 2					
[Note: The Direction below is to be complete								
-	and		do hereby direct HDFC Life					
to draw the cheque for the above ment	and ioned amount* in favour of Mr./Mrs.	, being c	uo hereby unect HDFC Life one of the claimants under the policy.					
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.								
	e are true, correct and complete in all asp	ects.	SIGN HERE					
		Date: (DD/MM/YYYY)	-					
		Place:	Signature of the Policyholder					
Section V (Declaration)								
Declaration of Claimant								
		II) was de la sue in alta sue in trave and and						
authorise the Doctor(s) who have exam			nplete in each and every aspect. I/We					
	e this statement (covered under section ined/treated the deceased member for a hich he/she may have acquired before/a	any ailment or illness, or any other pe	son to provide information regarding					
the state of health of the deceased w	ined/treated the deceased member for a	any ailment or illness, or any other pe after the issuance of the policy by H	son to provide information regarding DFC Life. <b>I/ We understand and</b>					
the state of health of the deceased w affirm that HDFC Life shall hav	ined/treated the deceased member for a hich he/she may have acquired before/a	any ailment or illness, or any other per after the issuance of the policy by H <b>te legal action apart from re</b>	son to provide information regarding DFC Life. <b>I/ We understand and</b>					
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Page 2/3
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Please submit the documents mentioned below								
	Cause of Claim							
Type of Requirement	Natural Death	Unnatural Death (Accidental/Murder/ Suicide)	Critical Illness / Disability	Terminal Illness				
Death certificate issued by Municipal Authority	$\checkmark$	$\checkmark$	x	x				
Cause of Death certificate issued by the treating doctor	$\checkmark$	$\checkmark$	x	x				
Police records (viz. First Information Report, Panchnama, Inquest Report, etc.) attested by Police authority	x	$\checkmark$	×	×				
Post Mortem Report attested by hospital authority	×	$\checkmark$	×	×				
Complete medical records (for past and current illness)	×	×	$\checkmark$	$\checkmark$				
Certificate from treating doctor	×	x	$\checkmark$	$\checkmark$				
A cancelled personalised cheque with account holder's name, account no. and IFSC present. 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.	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$				
NOTE								
<ul> <li>Any copy of records submitted must be attested as seen and verified with the originals by the Master Policyholder.</li> <li>English translation of verified were decuments is mandatory.</li> </ul>								

- English translation of vernacular documents is mandatory.
- IRDAI 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. Please submit duly filled NEFT mandate form, along with necessary documents, at your nearest HDFC
  Life branch.

## Section VI - Consent to receive communication from HDFC Life

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: \_\_\_\_

Date: (DD/MM/YYYY)

Place: \_\_\_\_

Signature of the Claimant

SIGN HERE

HDFC Life Insurance Company Limited [Formerly HDFC Standard 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 1860-267-9999 (local charges apply). DO NOT prefix any country code e.g. +91 or 00. Available Mon-Sat from 10 am to 7 pm |

 $\label{eq:email-service} \verb"Email-service@hdfclife.com" (For NRI customers only)" Visit-www.hdfclife.com" (For NRI customers only)" (For NRI customers only)" Visit-www.hdfclife.com" (For NRI customers only)" (For NRI customers only$