PSRF054611062621

Group Claim Form – Non Employer Employee (MFI)

HDFC Life
Sar utha ke jiyo!

Master Policyholder Details

Policy No.: ____________________ Lending Institution/Master Policyholder Name: ____________________

Insured Member Information

Member Name: ____________________ Member No.: ____________________

Date of Birth: ____________________ Certificate/Loan Account No.: ____________________

Date of commencement of Risk: ____________________ Date of Death: ____________________ Place of Death : ____________________

Cause of Death (Please tick): ☐ Heart Disease ☐ Kidney Disease ☐ Liver Disease ☐ Cancer ☐ Accidental ☐ Suicide ☐ Natural

Section I - Information regarding the Claimant

Full Name: ____________________ Gender: ____________________

Address: ____________________ Pin Code: ____________________

Relationship with Member: ____________________ Contact No.: ____________________ Email ID: ____________________

PAN Number/ Form 97 (corresponding Form 60): ____________________ CKYC Number: ____________________

NEFT Details - Bank Name: ____________________ Branch: ____________________

Bank Account No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ IFSC ^: ☐☐☐☐☐☐☐☐☐☐☐
(^11 digit alphanumeric code appearing on your cheque leaf)

Section II (Instruction-cum-Confirmation-cum Discharge, Advance Discharge Voucher and Declaration of Claimant)

Claimant: Mr./Ms./Mrs.

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

I/We, the Claimant(s), hereby declare that the statement (covered under Section II) made 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 Life to the Insurer. I/We agree to provide and furnish details and reports as and when required by HDFC Life for processing this claim.

I/We, the Nominee/Nominees in respect of the insurance availed by the Member consequent to the death of the Member, I/We, as the Nominee(s), am/are eligible to receive the insured amount from HDFC Life. For this purpose, I/We have made/ I/we am/are making the necessary claim application to HDFC Life. Since I am/We are required to pay the outstanding loan amount, as per the Credit Account Statement, to the Master Policyholder, I/We instruct and authorise HDFC Life to pay the amount, shown as outstanding in the Credit Account Statement to the Master Policyholder directly, and the balance amount be paid to me/us. Upon such payment by HDFC Life on my/our instructions and on my/our behalf to the Master Policyholder, and upon issuance of payment for balance insurance claim amount to me/us, HDFC Life shall stand fully discharged in respect of the claim amount due to me/us.

I/We confirm that I/we have reviewed and verified the outstanding loan amount as reflected in the credit account statement shared by the Master Policyholder and linked to the above mentioned policy. I/We further declare that the details therein are accurate and correct. This declaration is made of my/our free will, with complete understanding of its meaning and effect.

I/ We understand and affirm that HDFC Life shall have the right to initiate appropriate legal action apart from repudiation of claim in case of any fraud including but not limited to willful misrepresentation.

Date: (DD/MM/YYYY) ____________________

Place: ____________________

SIGN HERE

Signature of the Claimant

Revenue Stamp

* After deduction of outstanding loan amount

Section III - 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.

Declarant Name: ____________________

____

Date: (DD/MM/YYYY) ____________________

Place: ____________________

SIGN HERE

Signature of the Third Person

Section IV – 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: ____________________

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Date: (DD/MM/YYYY) ____________________

Place: ____________________

SIGN HERE

Signature of the Claimant

Section V - Declaration from Master Policyholder

I/We, hereby direct HDFC Life to process payout for the amount* mentioned above in favour of the above Claimant/s under the policy. I/We undertake to refund any amount that is credited to my/our account either in excess or which is not due to me/us, at any time, for any reason and to this effect, I/we confirm that the particulars given here are true, correct and complete in all aspects.

I/We hereby declare that the above mentioned member whose Death Certificate and First Information Report (FIR in case of an accidental death) is attached/enclosed herewith was the person included in the policy under the aforementioned Member Number, further confirm and declare that the the information furnished in the credit account statement as below/information shared via email in an Excel attachment/information shared through any other digital method is verified by me/us and above particulars are true and complete to the best of my/our knowledge and belief. If the Claimant is a minor, I/we will ensure that the death benefitwill be passed on to the legal representative of the Claimant. I/We confirm that the sum assured received in my/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.

Credit Account Statement	
a) Sum Assured for which the member of the Group Insurance Policy was insured	INR
b) Original Amount of Loan	INR
c) Particulars of the recoveries made by the Master Policyholder towards the Loan	INR
d) Outstanding Loan Balance as on the date of happening on the contingent event covered. (Amount Payable to Master Policyholder)	INR
e) Balance Claim Amount (Difference between the sum assured referred under (a) above and Outstanding Loan Balance referred under (d) above) payable to the insured on the happening of the other contingent event or to the Nominee/Beneficiary of the deceased member in case of death claims	INR

I/We do hereby declare that the information/details furnished in the CREDIT ACCOUNT STATEMENT above is true, correct and complete in all aspects.

Date: (DD/MM/YYYY)

Place: ____________________

SIGN HERE

* After deduction of outstanding loan amount

Company Seal and Autorised Signatory / Signature of Master Policyholder

Please submit the documents mentioned below

Documents	Natural death/ Due to illness	Unnatural death (accident, suicide, murder etc)
Claim Form - (Complete fitted, signed by claimant & signed , stamped by the Master Policyholder (MPH), as per applicability)	Mandatory	Mandatory
Member enrollment form/Member Authorisation form (Lender – Borrower Schemes) **Not applicable for GTI Employer /Employee Claim	Mandatory	Mandatory
Death Certificate - Issued by Municipal Authority/ Gram Panchayat - under section 12/17 & self attested by the claimant.	Mandatory	Mandatory
***Nominee/ Beneficiary NEFT details** – A Cancelled copy of printed cheque with Account holder's Name, Account No. and IFSC where the cheque is not printed, latest 6 months bank statement or copy of passbook with first page and transactions for last 6 months months. *Not applicable if the entire payout is towards the Master Policyholder (MPH).	Mandatory	Mandatory
Sum assured Bifurcation - Sum Assured Bifurcation - (Sum Assured / Original Loan Amount/Recovery made by Master Policyholder (MPH) towards the loan/Outstanding loan balance as on the date of death) to confirm break up of amount payable to MPH & balance amount payable to Claimant).	Mandatory	Mandatory
Police Record – Copy of First Information report, Police Panchnama, Police Inquest report, Final closure report, attested by police authority.	Not applicable	Mandatory
Post Mortem report - Copy attested by hospital authority & final Viscera/Chemical analysis report, if preserved for confirming cause of death on the Post Mortem Report.	Not applicable	Mandatory
Self-attested copy of the Pan card or KYC document of Life Assured & Nominee	Mandatory	Mandatory

Section VI - Declaration and Authorisation & Consent for usage of Aadhaar Information

I authorise HDFC Life to share and obtain information on behalf of me with/from any reinsurer, insurance association, medical authorities, other insurers, statutory authorities, employer, court, governmental body, regulator using an investigation agency or other service provider(s) for servicing insurance policy, underwriting risk, settlement of claim, etc. without obtaining my specific consent for such sharing and I hereby provide my consent for the same.

☐ I voluntarily consent for Aadhaar based KYC, Aadhaar authentication or online veri cation to be done through HDFC Life either now or anytime in future. I am aware that my Aadhaar number, Virtual ID, e-Aadhaar, XML, Masked Aadhaar, face authentication details and/or biometric information, Aadhaar demographic data including my name, address, gender, date of birth and photograph shall be shared by UIDAI with HDFC Life for KYC purposes/ due diligence. I confirm that I was provided an option for submitting other acceptable KYC Documents besides Aadhaar. I confirm that this consent is valid for KYC purposes/ due diligence done for issuance/ servicing of insurance policy(ies), claim related purposes or for any other regulatory/ statutory related requirements.

Date: (DD/MM/YYYY)

Place: ____________________

SIGN HERE

Signature of Claimant

Disclaimer: Depending on circumstances of claim,f urther documents like Loan Account Statement, Credit Analysis Memorandum (CAM) sheet etc may be called as deemed fit frt by HDFC Life.

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, Mahalarmi, Mtimbai - 400 011.
For queries or more information, call us on **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.
Email — **service@hdfelife.com** | **nriservice@hdfclife.com** (For NRI customers only) Visit — **www.hdfclife.com**