GROUP CLAIMS FORM – DAILY HOSPI CASH BENEFIT

HDFC Life
Sar utha ke jiyo!

Master Policyholder Details

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

Details of Insured Member Hospitalised

Member Name: _____ Member No.: _____

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

Date of Commencement of Risk: _____

Section I - Information regarding the Claimant

Full Name: _____ Gender: _____

Address: _____ Pin Code: _____

Relationship with Member: _____ Contact No.: _____ Email ID: _____ PAN/Form 97 (corresponding Form 60): _____

Bank Details

Bank Name: _____ Branch: _____

Bank Account No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ IFSC Code: ☐☐☐☐☐☐☐☐☐☐☐

Details of Hospitalisation of Insured Member

Name of Hospital where Admitted: _____

Hospitalisation due to : Accident ☐ Maternity ☐ Others ☐ Date of Injury/Date Disease first detected: _____

Date of Admission to the Hospital: D D M M Y Y Time: H H M M

Date of Discharge from the Hospital: D D M M Y Y Time: H H M M

Do you have any other insurance cover covering Hospital Cash Allowance? : _____

If Yes, give details: _____

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 insured member for any ailment or illness, or any other person to provide information regarding the state of health of the insured member 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 claimant in respect of the insurance availed (details of the insurance are given above), consequent to the illness/hospitalisation/injury/maternity of the Member, I/We, as the claimant am/are eligible to receive the insured amount from HDFC Life. For this purpose, I/We have made am/are making the necessary claim application to HDFC Life. HDFC Life shall stand fully discharged in respect of the claim amount due to me/us.

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

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:_____

_____

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 discharge summary is attached/enclosed herewith was the person included in the policy under the aforementioned Member Number, further confirm and declare that the information furnished in the discharge summary & claim form 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 claim benefit will 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.

I/We do hereby declare that the information/details furnished in the discharge summary, medical records and claim form are true, correct and complete in all aspects.

Date: (DD/MM/YYYY)_____

Place:_____

SIGN HERE

Company Seal and Autorised Signatory /
Signature of Master Policyholder

Please submit the documents mentioned below

Documents	DHCB rider
Claim Form - (Complete filled, signed by claimant & signed , stamped by the Master Policyholder (MPH), as per applicability)	Mandatory
Member enrollment form/Member Authorisation form (Lender – Borrower Schemes)	Mandatory
Hospital discharge summary & medical records	Mandatory
Member/Claimant 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.	Mandatory
Self-attested copy of the Pan card and KYC document of Life Assured/Claimant	Mandatory

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

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.

☐ I voluntarily consent for Aadhaar based KYC, Aadhaar authentication or offline verification 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.

Claimant Name: _____

_____

Date: (DD/MM/YYYY)_____

Place:_____

SIGN HERE

Signature of the Claimant

Date:_____Place: _____Signature of the Claimant:_____

Disclaimer: Depending on circumstances of claim, further documents may be called as deemed fit by HDFC Life.

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