

INDIVIDUAL DEATH CLAIM FORM



Sar utha ke jyo!

For Official Use Only

Branch Name: _____ Branch Code: _____
Interaction ID: _____
Employee Name: _____
Employee Code: _____ Sign: _____
Date: DD/MM/YYYY Time: ☐ On or Before 3PM ☐ After 3PM

Photograph
of Claimant

Section A*:

POLICY DETAILS

Policy Number(s): _____

Section B*:

DETAILS OF LIFE ASSURED (LA)

Name of Life Assured: ☐ Mr. ☐ Ms. F I R S T M I D D L E L A S T
Father's Name: F I R S T M I D D L E L A S T
Date of Death: DD/MM/YYYY
Place of Death: ☐ Hospital ☐ Clinic ☐ Residence ☐ Office ☐ Other (Please specify) _____
Family Doctor: _____ Registration no.: _____ Contact no.: _____
Last treated/attended Doctor Name: _____ Registration no.: _____ Contact no.: _____
Last Employer details (if applicable):
Name of the Company: _____ Name of contact person: _____ Contact no.: _____
Nature of Death: ☐ Medical ☐ Natural ☐ Accident ☐ Murder ☐ Suicide
Cause of Death: _____

Nature of Illness and Habit of the Insured

☐ Hypertension ☐ Diabetes ☐ Heart disease ☐ Liver disease
☐ Kidney disease ☐ Cancer ☐ Other _____
☐ Smoking ☐ Tobacco ☐ Drugs If yes, Duration of Consumption & Quantity Consumed: _____

Date of diagnosis of illness

Other Insurance details: (Life/Mediclaim/Health)

Policy No.	Company Name	Sum Assured	Status (Active/Lapsed/Applied/Matured)

DETAILS OF CLAIMANT

Claimant Name: ☐ Mr. ☐ Ms. F I R S T M I D D L E L A S T
Date of Birth: DD/MM/YYYY
Address: F I R S T L A S T
B U I L D I N G R O A D N A M E / N O
L A N D M A R K
C I T Y / V I L L A G E
D I S T R I C T S T A T E
Pincode: _____
Contact no.: O F F I C E R E S I D E N C E M O B I L E
Office & / or Personal Email ID: _____
Relation with the Life Assured: ☐ Spouse ☐ Children ☐ Parents ☐ Others S P E C I F Y
Claimant's Title: ☐ Nominee ☐ Executor ☐ Trustee ☐ Appointee ☐ Employer ☐ Assignee ☐ Beneficiary
Claimant's PAN details: _____ Or Form 97 (corresponding Form 60) ☐
Politically exposed person: Yes ☐ No ☐
US Person: ☐ Yes ☐ No (If Yes, please fill FATCA / CRS certification)

CLAIMANT NEFT MANDATE/ BANK ACCOUNT DETAILS

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

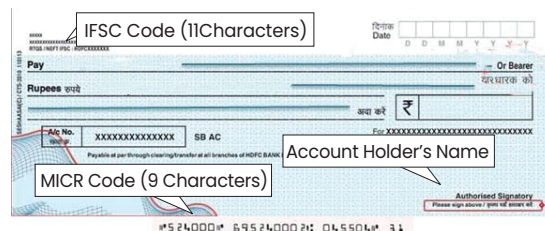
Bank Account No. : _____

Account Holder Name: _____

Bank Name & Branch: _____

Account Type: ☐ Savings ☐ Current ☐ NRO ☐ NRE

IFSC: _____ MICR: _____



Mandatory for Pension Plans, Please indicate how you would like to receive the benefits

☐ Entire amount as lumpsum ☐ Entire amount as Annuity ☐ Part as annuity Part as Lumpsum ☐ As Installments

Section C*

DECLARATION AND AUTHORISATION

- I here declare all the details filled/furnished above are true & correct to the best of my knowledge & belief.
- I hereby warrant the truth and correctness of the foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppress or conceal any material fact, my right to claim shall be absolutely forfeited.
- I understand and agree that the submission of this form does not mean that the request will be processed.
- I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions.
- Any payment shall be subject to realisation of the last renewal premium payment.
- I authorise all the medical establishments (medical labs included), government institutions (police, revenue, etc.) to reveal the treatment information including HIV/AIDS and others, related to the LA, to HDFC Life Insurance Company Ltd. from both the past and present.
- A photo copy of this declaration shall be considered as valid and effective.
- I authorise HDFC Life Insurance Company Ltd. to share and obtain information on behalf of me with any reinsurer, insurance association, medical authorities, other insurers, statutory authorities, employer, court, governmental body, regulator using an investigation agency or other service hereby provide my consent for the same.

Date: _____ DD/MM/YYYY

Place: _____

SIGN HERE

Signature of Claimant

DECLARATION TO BE MADE BY A THIRD PERSON

The Claimant has affixed his/her thumb impression/has signed in vernacular/has not filled the application. I hereby declare that the content of this application form has been explained 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.

Name of the Declarant: _____

Address: _____

Date: _____ DD/MM/YYYY

Place: _____

SIGN HERE

Signature of Third Person

Important Note: In case of any demand or favour asked by anyone including a company representative towards claim processing or settlement, the same should not be entertained and must be reported to the company immediately on the company's email ID: service@hdfclife.com

INSTRUCTION FOR FILLING UP THE FORM

A. IMPORTANT INFORMATION (Please read before filling the form)

1. The form should be filled by the claimant only. In case the claimant is a minor, the guardian/appointee may fill the form
2. Claims under multiple policies may be registered by filling a single form & providing all applicable policy numbers
3. In case of more than one claimant, separate forms need to be filled for each claimant
4. Please read the declarations carefully and you should sign the claim form in the same manner as you normally sign your cheque
5. Claim is payable subject to fulfillment of all terms and conditions of the policy
6. No fee or commission should be paid to anyone to process this claim
7. Make sure your address, phone numbers and email ID are current and active as the correspondence will happen through this only
8. Asterisk (*) refers to mandatory information

For queries or more information, call us on 022-68446530 (STD charges apply). Available Mon-Sat from 10 am to 7 pm. DO NOT prefix any country code e.g. +91 or 00.
Email – service@hdfclife.com | nriservice@hdfclife.com (For NRI customers only) Visit – www.hdfclife.com

B. DOCUMENTS TO BE SUBMITTED

MANDATORY DOCUMENTS

(1) Death certificate issued by local authority (2) Claimant's passport size photograph (3) Personalised Cancelled Cheque or Bank Passbook (with Printed A/c no, IFSC & Name account holder) (4) Claimant's Valid Identity Proof (5) Claimant's Valid Address Proof (6) Claimant's PAN CARD/Form 97 (corresponding Form 60) (if PAN Card not available)

ADDITIONAL DOCUMENTS

Original policy document (Not necessary in case of dematerialised policy document)

HOSPITALISATION/ DEATH DUE TO ILLNESS (1) Medical cause of death certificate (2) Medical records for all the treatments taken in the past. (Admission notes,History / Progress sheet,Discharge /Death summary, Test reports, etc.)

ACCIDENTAL DEATH (1) First Information Report (FIR) (2) Panchanama /Inquest report (3) Post-mortem report (PMR) (4) Driving license (5) Police Final Report (6) Viscera report (if applicable) (7) Newspaper cutting (s), if any, Others as applicable
Employer's certificate (Form) for Life Assured, if employed (not required for pension/ annuity plans)

Disclaimers: 1. Copies to be submitted and originals to be presented at the time claim submission,
2. HDFC Life Insurance Company Ltd. reserves the right to ask for more information/ documents, if required

C. LIST OF VALID IDENTITY & ADDRESS PROOFS (Please tick the document submitted)

PHOTO IDENTIFY PROOF (ANY ONE)

- ☐ Aadhar Card*
- ☐ Valid Passport
- ☐ Voter ID Card
- ☐ Valid Driving License

ADDRESS PROOF (ANY ONE)

- ☐ Valid Passport
- ☐ Voter ID Card
- ☐ Aadhaar Card*
- ☐ Valid Driving License

*I voluntarily provide my consent to use my Aadhar to conduct identity check towards KYC compliance by HDFC Life Insurance Company Ltd.

D. NOTE: CLAIMANT NEFT MANDATE/ BANK ACCOUNT DETAILS

- A cancelled personalised cheque with the account no. and IFSC should be submitted along with the NEFT mandate. If the cheque is not personalised, a latest bank statement or copy of passbook (where account number and IFSC 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 Insurance Company Ltd.
- In case of NEFT failure or any further requirements pending on the mandate, payout will be kept on hold till fresh NEFT mandate is received. Intimation will be sent to you for 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.

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.
For queries or more information, call us on **022-68446530** (STD charges apply). Available Mon-Sat from 10 am to 7 pm. DO NOT prefix any country code e.g. +91 or 00.
Email – **service@hdfclife.com | nriservice@hdfclife.com** (For NRI customers only) Visit – **www.hdfclife.com**

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS/FRAUDULENT OFFERS
• IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums.
Public receiving such phone calls are requested to lodge a police complaint.

CUSTOMER ACKNOWLEDGEMENT COPY-INDIVIDUAL DEATH CLAIM FORM

Policy no.:

Claimant Name:

Branch Name / Interaction ID:

Claimant Client ID:

Employee Name:

Date: DD/MM/YYYY

Employee Sign:

Employee Code:

Branch Stamp

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CONSENT FORM

To,
The Claims department,
HDFC Life Insurance Company Limited,
Subject: Consent Form from Claimant/Nominee for conducting checks and obtaining documents for Death Claim

Policy Number(s): _____

I, Mr./Ms. _____ (name), _____ (relation) of

Mr./Ms. _____ (name of the Life Assured) hereby give my consent to "HDFC Life Insurance Company Ltd., and/or its representative to obtain records(including photocopies)/information pertaining to the Employment records, medical treatment records from any Hospital/Clinic/Doctor, Death related records or any other records pertaining to treatment/occupation/death of the deceased.

Yours faithfully,

Name of Claimant _____

SIGN HERE

Signature of Claimant

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