Statement of Death Claim (for Natural Calamities / Bomb Blast)  For Official Use Only Date of Receipt: Received By:  Policy Number: Name of the Decessed; MPPORTANT 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 Calamant is minor, the guardian/appointee may fill the form.  NOTE: Any champe in which an exercising should be counter organized by the personn's authority filing the form. Funeshing of this claim farm is not to be construed as an admixtion of traditions or evolution or grid by 16°C. Life visuance Campany Limited to again to ever a an attended or left Cute.  Section I - Information regarding the Claimant, please fill in block letters only  Claimant Name:  Date of Birth:  Res:  Mobi:  Mobile Number is Preferable)  PAN Number  Res:  Mobile Number is Preferable)  Form 60  **Contract Referable provises herein will be update for oil future communications for customers registered under violation (bit once cal Registry, the will be considered as consent to communicate with which are to the contract and provides from the contract No. 10 ft.  **Res:  Mobile Number is Preferable)  Form 60  **Contract Referable provises herein will be update for oil future communications for customers registered under violation (bit once cal Registry, the will be considered as consent to communicate with which are to the contract and provides from the contract to a finite of the cute the contract of					
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Date of Birth:   Date					
Address:  Contact No.* Off:	Section I - Information regarding the Claimant,	please fill in block letters only			
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Bank Name & Branch:	Account Holder Name:	Account Holder Name:			
## Proportionate premium(s) paid from NRE Account:    NOTE:	Bank Name & Branch:				
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LIGGISTATION		vide two NEFT mandates i.e for NRE account and non-NRE account.			

- 1. 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 Life Insurance Company Limited or any of its associates/agents responsible.
- 2. 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.

	SIGN HERE		SIGN HERE
Date:DD/MM/YYYY		Date:DD/MM/YYYY	
Place:		Place:	
	- C1		

Signature of Account Holder

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

Place of Death: Date	of Death: D D M M Y Y Y Y Time of Death:			
Cause of Death: Bomb Blast Natural Calamity Please mention type of calar				
Last Residential Address:				
Name of the Employer:				
Contact person at employer location:Co				
Name of a relative: Relat				
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				
l/We, the above mentioned Claimant(s) acknowledge and declare the receipt of the	Leentire 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  discharged in the experimental ex	ge 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 Cla	aimant)			
	Please sign across the revenue stamp			
I/Weand	hereby direct HDFC Life to draw the cheque for the			
amount in favour of Mr./Mrs / Msbein	- ₹1/-			
Signature of Claimant 2: Date: Place	Revenue Stamp			
	L			
Section V - Witness Attestation / Declaration	ricase sign across the revenue stamp			
	anti-re-			
Name of the Declarant:Design Contact No.:Mobile				
Address:	(Mobile No. is preferable)			
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.Origin Proof  4. Death Claim Form  4. Death Certificate issued by Municipal Corporation  4. Death Claim Form  4. Death Claim Form  4. Death Certificate issued by Municipal Corporation  4. Death Claim Form  4. Death Claim  4. Death Claim Form  4. Dea	ginal Policy Document			
*Depending on the circumstances of the death, further documents may be called for a	as we deem fit.			
NOTE				
With reference to recent regulatory changes, please submit PAN or Form 60 (if you do not have a PAN) with HDFC Life with immediate effect. Please update via My Account/service@hdfclife.com/18602679999/HDFC Life branch. Ignore if submitted.				
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.				
List of valid Identity & Address Proofs (Please tick the document submitted)				
	s Proof (any one)			
	d passport er ID Card			
🗀 \cdots	har Card*			
ID Card Issued by Central/State Govt. to employees	d Driving License			
E viii) tailer continue state continue state	k Passbook with stamped photograph (not more than 6 months old)			
*I voluntarily provide my consent to use my Aadhaar to conduct identity check towards KYC compliance by HDFC Life  Fustomer Asknowledgement Copy				
Customer Acknowledgement Copy				
Policy No.:Policyholder Name:	Interaction ID:			
Documents submitted:  Customer Relations Officer: Date: Time:				
Claim Contact Points				
HDFC Life Insurance Company Limited (HDFC Life).  11 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-sate from 10 am to 7 pm Claims@hdfclife.com				