

Statement of Death Claim

For Official Use Only

Date of Receipt:

Time of Receipt:

Received By:



Policy No(s): _____

Name of the Deceased: _____

IMPORTANT:

The Death benefits under the policy/policies mentioned above will be payable to the person legally entitled (the Claimant). The person completing this form must be Claimant. If the Claimant is a minor, the guardian/appointee may fill the form.

NOTE: Any change in ink or overwriting should be counter signed by the person or authority fill in the form. Furnishing of this claim form is not to be construed as an admission of liabilities or waiver of any right by HDFC Standard Life Insurance Company Limited (HDFCLife). No agent has been or is authorised to admit any liabilities on behalf of HDFCLife.

Section I - Information regarding the Claimant. please fill in block letter only.

Claimant Name: _____ Date of Birth:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Address: _____

Contact No.* Off: _____ / Res: _____ / Mob: _____ (mobile number is preferable)

Email ID*: _____ Relationship with the Life Assured: _____

Nominee Assignee Holder of legal evidence of title

PAN Number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Form 60 Form 61

* Contact details provided herein will be updated for all future communications. For customers registered under National Do Not Call Registry, this will be considered as consent to communicate with him/her on the contact details provided herein. Claimant's ID & Address proof along with PAN card to be submitted. In case Policyholder/Nominee/Claimant does not have PAN Card then please submit Form 60/61.



NEFT Mandate

Bank Account No.

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Account Holder Name _____

Bank & Branch Name _____

Account Type Savings Current NRE#

#If this option is selected, then the payout will be done via cheque with account number given in this mandate.

IFSC Code^

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

 ^11 character code appearing on your cheque leaf



NOTE:

- A cancelled personalised cheque with account no. and IFSC code should be submitted along with this NEFT mandate. Where the cheque is not personalised, a latest bank statement (not more than 3 months old) or copy of passbook (where account number and IFSC code 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.
- In case of NEFT failure or any further requirement pending with regard to the NEFT Mandate, payout will be kept on hold till the fresh NEFT mandate is received. An intimation will be sent to you.

Declaration:

I undertake to refund any amount that is credited to my account either in excess or which is not due to me, any time, for any reason and to this effect, I confirm that the particulars given here are true, correct and complete in all aspects. 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. Further, I understand that HDFC Life shall not be held responsible for any non-receipt of payment on account of wrong/incorrect/incomplete information given by me in this form. If a transaction is delayed or not effected at all due to incomplete or incorrect information, I shall not hold HDFCLife responsible in any manner whatsoever.

Claimant's Signature: _____ Date: _____ Place: _____

Section II - (Information regarding the Deceased Life Assured)

Place of Death: _____ Date of Death:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

 Time of Death: _____

Cause of Death: Accidental Non-Accidental Murder Natural

Name of the Last Illness: _____ Duration of the last illness: _____

Last Residential Address: _____

Name of the Employer: _____

Address of the Employer: _____

Contact Person at employer location: _____ Contact No.: _____

Name of a relative: _____ Relationship with the deceased: _____

Relative's contact no.: _____ (mobile number is preferable)

Details of Doctor/ Hospital / Clinic Certifying Death

| Name of the Doctor | Name and address of the Clinic/ Hospital | Contact No. |
|--------------------|------------------------------------------|-------------|
| | | |

Section III - (Details of Medical Consultation)

| Name of Doctor | Name and address of clinic or hospital | Contact Numbers | Date(s) of consultation (dd/mm/yyyy) | Reason(s) for consultation |
|----------------|----------------------------------------|-----------------|--------------------------------------|----------------------------|
| | | | | |

Section IV - (Details of the Deceased Life Assured's Habits)

| Substance | Forms of Consumption | Quantity |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Alcohol | Beer <input type="checkbox"/> Whiskey <input type="checkbox"/> Wine <input type="checkbox"/> <input type="checkbox"/> Others (please specify): _____ | Per day _____ ml/ bottle |
| Tobacco | <input type="checkbox"/> Cigarettes <input type="checkbox"/> Bidis <input type="checkbox"/> Chewing Tobacco | _____ No. of sticks or packets |
| Others(please specify) | | |

Section V - (Details Regarding Police Investigation)

| | |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Details about the cause of incident | |
| Location of the accident | |
| Registration numbers of vehicles involved (if available) | |
| Names, addresses & contact nos. of drivers (if available) | |
| Was a post mortem carried out? (If yes, please provide the name, address & contact no. of the hospital) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Name, address & contact no. of the police station where the incident was reported | |
| Details of their findings (Please send copy of report if available) | |

Section VI - Advance Discharge Voucher and Authorisation

I/We, _____ hereby declare that the statement made above is true in each and every respect. I/We hereby authorise the hospital(s)/Doctor(s)/Laboratories who have examined or treated the deceased for any ailment/illness to provide information regarding the deceased's state of health to HDFC Life and its agent, which they may have acquired before or after the policy/policies was/were issued by HDFC Life. I/We hereby authorise the employer(s) including previous employers of the deceased to provide information regarding the leave & medical assistance availed of by the deceased. I/We further authorise any government agencies including police & revenue to provide information and records that may be needed by HDFC Life to process the claim. I/We agree to provide and furnish any other information/reports if required by HDFC Life for processing the claim.

I/We, the above mentioned Claimant(s) acknowledge and declare the receipt of the entire amount due and payable under the policy/policies mentioned above mentioned policy towards the full and final settlement of the claim. I/We declare that HDFC Life is discharged of all its liabilities under the said policy/policies.

Signature of Claimant 1: _____ Date: _____ Place: _____

₹ 1/-
Revenue Stamp

Please sign across the revenue stamp

(NOTE: The declaration below is to be completed where there is more than one Claimant)

I/We, _____ and _____

do hereby direct HDFC Life to draw the cheque for the above mentioned amount in favour of Mr./Mrs/Ms. _____ being one of the claimants under the policy/policies.

Signature of Claimant 2: _____ Date: _____ Place: _____

₹ 1/-
Revenue Stamp

Please sign across the revenue stamp

Section VII - Witness Attestation /Declaration

Name of the Declarant: _____ Designation: _____

Contact No: _____ Mobile _____ (mobile number is preferable)

Address: _____

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: _____

HDFC Standard Life Insurance Company Limited.

Regd. Off: Lodha Excelus, 13th Floor, Apollo Mills Compound, N. M. Joshi Marg, Mahalaxmi, Mumbai - 400011.

CIN: U99999MH2000PLC128245

List of valid Identity & Address proofs (Please tick the document submitted)

| Photo Identify Proof (any one) | Address Proof (any one) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Aadhaar Card <input type="checkbox"/> 2. Valid Passport <input type="checkbox"/> 3. Voter ID Card <input type="checkbox"/> 4. Valid Driving License <input type="checkbox"/> 5. PAN Card <input type="checkbox"/> 6. Bank Passbook with stamped photograph <input type="checkbox"/> 7. ID Card issued by Central / State Govt. to employees <input type="checkbox"/> | 1. Aadhaar Card <input type="checkbox"/> 2. Valid Passport <input type="checkbox"/> 3. Voter ID Card <input type="checkbox"/> 4. Valid Driving License <input type="checkbox"/> 5. Utility Bill (Electricity/Phone bill) not more than 6 months <input type="checkbox"/> 6. Bank Passbook with stamped photograph <input type="checkbox"/> |

Customer Acknowledgement Copy

Policy No(s): _____ Policyholder Name: _____ Interaction ID: _____

Documents submitted: _____

Customer Relations Officer: _____ Date: _____ Time: _____

Claim Contact Points

HDFC Standard Life Company Limited
11th Floor, Lodha Excelus, Apollo Mills, Compound,
N.M. Joshi Road, Mahalaxmi, Mumbai - 400011



Customer Help Line Number 1860-267-9999
(Local charges apply; Available all 7 days; 9am to 9pm).
DO NOT prefix any country code e.g. +91 or 00.



Email us:
Claims@hdfclife.com



SMS Service:
SERVICE to 5676727 (Charges Apply)

| Type of Requirement* | Cause of Claim | |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------|
| | Natural Death | Unnatural Death (Accidental / Murder / Suicide) |
| Death Claim Form | ✓ | ✓ |
| Death Certificate issued by Municipal Corporation | ✓ | ✓ |
| Original Policy Document | ✓ | ✓ |
| Cause of death certificate issued by Doctor/ Hospital | ✓ | ✓ |
| Beneficiary's Residence & Photo Identity Proof | ✓ | ✓ |
| Complete medical records (for past and current illness) | ✓ | ✗ |
| Complete Police records attested by Police authority, Post Mortem attested by hospital authority and News Paper Cuttings (If Any) | ✗ | ✓ |

*Depending on the circumstances of the death, further documents may be called for as we deem fit.