

Group Claim Form (Non- Employer - Employee)

Policy Number: _____ Member Name: _____
 Master Policyholder Name: _____ Member Number: _____
 Date of Birth: _____ Certificate No./ Loan Account No: _____ Sum Assured: INR _____
 Coverage start date & policy issue Date: _____ Original Loan Amount: INR _____

Section - I (Information regarding the Claimant)

	Claimant 1	Claimant 2	Claimant 3(MPH)
Title			
Name			
Gender			
Date of Birth			
Address			
Contact No.			
Email ID			
Relationship with Member			
NEFT Details			
Bank Name			
Type of Bank Account	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRE*	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRE*	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRE*
Bank Account Number			
Branch Name & Address			
IFSC Code(11 character code appearing on your cheque)			

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

NOTE:

- In case of minor nominee, details to be filled by Appointee/Legal heir.
- A cancelled personalised cheque (with account no. and IFSC code present) 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 requirements are pending on the mandate, payout will be kept on hold till fresh NEFT mandate is received. Intimation will be sent to you regarding the same.

Section - II (Information regarding the Member)

Date and Time of Death: _____ Place of Death: _____
 Exact/Immediate Cause of Death: _____
 For Critical Illness: _____ Type of Illness: _____ Date of Diagnosis: _____

Details of Doctors/Hospital/Clinic Certifying Death

Name of Doctor	Name & Address of Clinic/Hospital	Contact No.

Past Treatment Records

Name of Doctor	Name & Address of Clinic/ Hospital	Contact No.	Date of Consultation	Reasons for Consultation

Details Regarding Police Investigation (For Un-natural death)

Place of Accident	
Registration numbers of Vehicles involved (if available)	
Names, Addresses & Tel. Nos. of drivers (if available)	
Was a post mortem carried out? If Yes. Name , Address & Tel. Nos. of hospital	
Names, Address & Tel. Nos. of police station where the incident was reported	
Findings(Please send copy of report, if available)	

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

Claimant 1: Mr./Ms./Mrs. _____ Claimant 2 Mr./Mrs. _____

I/We, the claimant(s) herein acknowledge and declare the receipt of all the amounts due* and payable under the above mentioned policy towards the 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 undertake to refund any amount that is credited to my account either in excess or which is not due to me, at 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/We, the claimant(s), hereby declare that this 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 (details of the insurance are given in the below Table), consequent to the death of the Member, I as the nominee, is eligible to receive the insured amount from HDFC Life. For this purpose, I have made/I am making necessary claim application to HDFC Life. Since I am required to pay the outstanding loan amount, as per the below Table, to the Master Policyholder described below, I instruct and authorise HDFC Life to pay the amount, shown as outstanding in below Table to the Master Policyholder directly, and the balance amount be paid to me. Upon such payment by HDFC Life on my instructions and on my behalf to the Master Policyholder, and upon issuance of payment for balance insurance claim amount to me, HDFC Life shall stand fully discharged in respect of the claim amount due to me.

Credit Account Statement

a) Sum Assured for which the member of the Group Insurance Policy was insured	₹:
b) Original Amount of Loan	₹:
c) Particulars of the recoveries made by the Master Policyholder towards the Loan	₹:
d) Outstanding Loan Balance as on the date of happening on the contingent event covered	₹:
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	₹:

Revenue Stamp

Signature of the claimant 1

Date: _____

Place: _____

*After deduction of outstanding loan amount

Revenue Stamp

Signature of the claimant 2

Date: _____

Place: _____

Section IV - 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: _____

Section V - Declaration from Master Policyholder

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

We hereby declare that the above mentioned member whose Death Certificate and First Information Report (FIR in case of an accidental death) is attached hereto was the person included in the policy under the afore mentioned Member Number. We further confirm and declare that the information furnished in the credit account statement is verified by us and above particulars are true and complete to the best of our knowledge and belief. If the claimant is a minor, we will ensure that the death benefit will be passed on to the legal representative of the claimant. We confirm that the sum assured received in 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 CREDIT ACCOUNT STATEMENT above is true, correct and complete in all aspects.

Revenue Stamp

Company Seal and Autorised Signatory / Signature of Master Policyholder

Date: _____

Place: _____

* After deduction of outstanding loan amount

Please submit the documents mentioned below:

Type of Requirement	Cause of Claim			
	Natural Death	Unnatural Death (Accidental / Murder / Suicide)	Critical Illness / Disability	Terminal Illness
Member Information Form	✓	✓	✓	✓
Death Certificate issued by Municipal Authority	✓	✓	x	x
Cause of Death Certificate issued by the treating doctor	✓	✓	x	x
Police records (viz. First Information Report, Panchnama, Inquest Report, Police final Investigation report, Viscera/Chemical Analysis report etc.) attested by Police authority	x	✓	x	x
Post Mortem Report attested by hospital authority	x	✓	x	x
Complete medical records (for past and current illness)	✓	x	✓	✓
Certificate from treating doctor	✓	x	✓	✓
A cancelled personalised cheque with account no. and IFSC Code, where the cheque is not personalised, a latest bank statement (not more than 3 months old) or a copy of passbook (where account number and IFSC code is mentioned)	✓	✓	✓	✓

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