

GTI Claim Form

For Official Use Only

Date of receipt:

Time of receipt:



Policy Number: _____ Certificate No _____

Name of the Deceased: _____ Sum Assured _____

IMPORTANT:

To be completed by the claimant in BLOCK letters.

If claimant is minor, the guardian may fill the form. If space provided in the box is inadequate, kindly attach annexure.

All the filled claims forms and along with required documents may be submitted to HDFC Standard Life at Group Operations Department, HDFC Standard Life Insurance Company Limited, 13th Floor, Lodha Excelus, Apollo Mills Compound. N .M. Joshi Road, Mahalaxmi, Maharashtra, Mumbai - 400 011

Note: #Any change in ink / overwriting should be countersigned by the person / authority filling the form # Claimant should sign on all pages at the bottom # The furnishing of this claim form is not to be construed as an admission of liabilities or waiver of any rights by the company. No agent has been or is authorised to admit any liabilities on behalf of the company

In case of Natural Death

- Death certificate from Municipality or by state government or by grampanchayat
- Certificate of doctor certifying death
- Member information form **(only for Non employer-employee)**
- Assignment letter (if applicable)
- In case of death within 1st year, leave records from the period 20 days prior to the date of joining the scheme.
- In case of death after 1 year, the member's leave records for the period of past 6 months prior to the renewal date.
- Copies of past medical records Originally attested by hospital
- Copies of current medical records (Indoor case papers, admission notes discharge summary) Originally attested by hospital authorities

In case of Accidental death

(Additional

documents required) over and above what is stated above

- First Information Report- originally attested by the Police authorities where the FIR was lodged
- Police Inquest Report with Final Investigation Report under section 174 of Criminal Procedure Code (If any)
- Certificate from the Airline that the deceased was travelling as a passenger (in case of Air accident)
- English translation for vernacular documents
- Postmortem report) Originally attested by Hospital Authorities
- Viscera Report originally attested by the Hospital authorities

Section - I (Information regarding the Claimant & also if the policy is not assigned)

Claimant Name: _____ Date of Birth:

Address: _____

Contact No.* (STD Code) _____ / (STD Code) _____ / _____ **Mobile Number**

Email Id*: _____ Relationship to the deceased Life Assured: _____

Whether Nominee Assignee

Holder of legal evidence of title:

* Contact details provided herein will be updated for all future communications.

Section II (Information regarding the Deceased)

Place of Death: _____ Date of Death:

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 Time of Death: _____
Exact/Immediate Cause of Death: _____

Name of the Last Illness _____ Duration of Last Illness: _____
Last Residential Address: _____

Section III (Details Regarding Police Investigation) we have not added any details on the said section

Details about Cause of Incident:

Place of incident:

Registration Numbers of Vehicle involved (If available):

Name, Address, Telephone Numbers of drivers involved (If available):

Was a postmortem carried out? Yes / No

If Yes provide Name, Address and Tel No. of Hospital

Name, Address, and Tel Nos. of Police Station where the incident was reported:

Section IV (Discharge Voucher/ Advance Discharge Voucher)

Claimant/s: 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 herein. I/we hereby declare that HDFC Standard Life Insurance Company Ltd. is discharged of all its liabilities under the said policy.

Re 1/-Revenue
Stamp

Place: _____ Date: _____

Signature of the Claimant: _____
(Please sign across the revenue stamp)

[Note: The Direction below is to be completed by the Policy holder]

I / We _____ and _____ do here by direct HDFC Standard Life Insurance Company Limited to draw the cheque for the above-mentioned amount in favor of Mr. / Mrs. _____, being one of the claimants under the policy.

Re 1/-Revenue
Stamp

Place: _____ Date: _____

Signature of the Master policy holder

(Please sign across the revenue stamp)

Section V Declaration of Claimant

I / We, the claimant /s, do hereby declare this statement (covered under Section II) made hereinabove is true and complete in each and every respect.

I / We authorize 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 Standard Life Insurance Company Limited to the Insurer.

I / We agree to provide and furnish details and reports as and when required by HDFC Standard Life Insurance Company Limited for processing this claim.

Signature of the Claimant (Nominee/ Beneficiary)

Name:

Date:

Place:

Section VI Declaration of Master Policy Holder

We do hereby declare that the above named 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 above Certificate Number and do further confirm and declare that the 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 favor, if assigned as such, or in favor 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.

Signature of the Master policy holder (Authorized Signatory / Company Seal)

Date:

Place:

Section VII - Vernacular/Assignment Declaration (If Applicable)

If the claimant signs in vernacular, the witness should also sign the following –

I certify that the contents of this form were explained to the Claimant in _____ (language) and he / she has signed after fully understanding the same.

Signature of Assignee if Policy benefits are assigned –

Signed on behalf of

Date:

Place:

Name of the signatory:

Designation of the signatory:

Please Affix Company's Rubber Stamp:

Section VIII - Additional Nominee - (If Applicable)

Signature of all nominees in case the policy is not assigned –

Beneficiary - 1

Beneficiary - 2

Name in block letters:
Signature

Name in block letters:
Signature

Date:
Place:

Date:
Place:

This declaration must be witnessed by an Authorized Signatory of the Master Policy Holder

Name of witness (in block letters)
Signature of witness

Designation of witness

Date:
Place:

Note: - The plans mentioned in this proposal form have been approved by IRDA (Insurance Regulatory and Development Authority) and have been allotted an Unique Identification Number (UIN). This number is available on IRDA's website for verification.