INDIVI	DUAL
DEATH	CLAIN

PSNF136129111731 | CANA

INDIVI	DUAL
DEATH	CLAIM
FORM	

For Official Use Only	
Branch Name:	Branch Code:
nteraction ID:	
Employee Name:	

Υ	HDFC
re 3PM	L Life
	Sar utha ke jiyo!

Please accept our condolences on your untimely loss. We understand that this is a difficult time for you and it is our responsibility to offer you the best support in this hour of need. This Death Claim form will help you file your claim with ease. Please submit this form duly filled and signed with appropriate documents and follow the instructions below to help us settle your claim at the earliest.

Sign:

IMPORTANT INFORMATION

- 1. The form should be filled by the claimant only. In case the claimant is a minor, the quardian/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.

Employee Code:

- 4. Please read the declarations carefully and sign the claim form in the same manner as you normally sign your cheque.
- 5. The Claimant should sign in all pages of this Claim form.
- 6. Claim is payable subject to fulfillment of all terms and conditions of the policy.
- 7. No fee or commission should be paid to anyone to process this claim.
- 8. Asterisk (*) refers to mandatory information.

Pension claim- Section A,B,E mandatory to fill; Death claim (Non-accidental) - Section A,B,C,E;

Death claim (Accidental) - All sections are mandatory for filling.

IMPORTANT GUIDELINES TO FILL THE FORM

All fields in the claim form should be filled by theclaimant in BLOCK letters.

Section A: Details of Claimant and NEFT Mandate

- Policy Numbers and letters should be unambiguous and legible.
- Make sure your address, phone numbers and email ID are current and active as the correspondence will happen through this only.
- Please fill the NEFT Form completely and enclose a copy of cancelled cheque/bank account passbook to enable us to transfer the claim proceeds directly to your account subject to the claim being payable as per the terms and conditions of the policy.

Section B: Details of Life Assured

- Wherever you choose the option "Others", kindly specify the details in the given space.
- Provide supporting documents as and when requested.

Section C: Hospitalisation details of Life Assured

Date: DDMMY Time: On or Befo After 3 PM

- For all medical reports, documents and certification issued by the attending physician, please ensure that he/she is qualified to provide such document /certification according to Indian Laws.
- Concealment of other insurance policies of Life Assured might lead to invalidation of the claim.

Section D: Details of death due to Accident/Murder/Suicide

- Provide detailed account of the accident.
- Enclose/Attach PMR and FIR, otherwise clearly state the reason why it is not available or provided.

Section E: Declaration and Authorisation

• Provide signature and contact details in the designated place.

Keep the Acknowledgment slip handy and produce it whenever the representatives of HDFC Life ask for it.

LIST OF VALID IDENTITY & ADDRESS PROOFS (PLEASE TICK THE	DOCUMENT SUBMITTED)
PHOTO IDENTIFY PROOF (ANY ONE)	ADDRESS PROOF (ANY ONE)
Valid Passport Voter ID Card PAN Card	Valid Passport Voter ID Card
Voter ID Card Valid Driving Licence	Valid Driving License
Bank Passbook with stamped photograph	Utility bill as address proof not more than 2 months.
ID Card issued by Central / State Govt. to employees	Bank Passbook with stamped photograph

DOCUMENTS TO BE SUBMITTED	
MANDATORY DOCUMENTS	ADDITIONAL DOCUMENTS
Original policy document (Not necessary in case of dematerialised policy document)	HOSPITALISATION/ DEATH DUE TO ILLNESS
Copy of death certificate issued by local authority	Copy of Medical cause of death Certificate
Claimant's PAN details	Medical records for all the treatments taken in the past. (Admission notes, History/Progress sheet, Discharge/ Death summary, Test reports, etc.)
Life Assureds' PAN details	ACCIDENTAL DEATH
Cancelled cheque , Cremation/Burial Slip , Employee certificate in case Life Assured was Salaried	Copy of First Information Report (FIR), Panchnama /Inquest report, Post-mortem report (PMR), Driving licence, Police Final Report, Viscera report, if applicable, News paper cutting (s), if any, Others as applicable
Claimant's passport size photograph	

Disclaimer: HDFC Life Insurance Company reserves the right to ask for more information/ documents, if required.

SIGN HERE Claimant Signature

SECTION A*																														
POLICY DETAIL																														
Policy Number(s)								, <u> </u>						,													Pl	ease	affix	
Claim form filling			,		HDFC			_			Polic	y Age	ent		Rela	tive	S		NA									rece sspoi		
If the option HDFC I								above	e, deta	ils																	ph	oto d	of the	
Relatives /Emplo	o E	B	L	E	٩r.	Ms	•																				(Claim	ant	
DETAILS OF CL	AIM	AN1	Г																							_				
Claimant Name:		Mr.		Ms.		F	ı	R	S	Т																	L	Α	S	Т
Date of Birth:	D	D	М	М	Υ																									
Address:	F		R													L	A	S	Т					F	L	Α	Т		N	0.
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Contact No.: Office &/or Perso	nal E	mail	ID:																	<u>'</u>			IAI		Ь					
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Occupation detai				vice			usine		001			nploy		0.001	Hou					ers	200									
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Claimant's Title:		NO	min	ee		E	xecu	tor		I	rust	ee			ointe			En	ploy	/er		As	sign	iee		Bei	nefic	ıary		
Claimant's PAN:											Or		Fori	n 60	F	orn	n 61													
Is the Claimant a	Politi	cally	Ехр	osed	l Per	son ((PEP)?		Υ	'es		N	O "PE	P: Perse	ons w	ho are	e mem	bers o	f seni	or man	ageme	nt in a	state	owne	d enter	prise,	Politica	l party	or an
Preferred mode of							nail			_		etter	S (i	f emai	ll is se	lecte	ed, n	o phy	sical	lette	rs wil	l be s	ent)							
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Account Type	Savi	_			rent		NR			RE									1120	Silines.	elith.	FC		.00 P.O	34.00	4923084		Please sign	iboso / you sel con	
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Note:																														
 A cancelled perso or copy of passbo This mandate, up In case of NEFT father same. *Refund to NRE accan evidence for primary in case of proportions. 	ok (w on pr ilure ount (emiur	here ocess or any (full o n(s) p	accou sing, v y furt or pro paid t	unt n will o her r porti hrou	umbe verric equir onate gh NF	er and de any remei e) will RE acc	d IFSC y of th nts pe I be si count	is me he pro endin ubjec	ention evious g on t t to ra	ied) sly ta he m	need agged nanda of pre	s to bo I NEF ⁻ ite, pa mium	e sub T mar ayout (s) pa	mitted ndates will be aid thro	d with for al kept	the Il pol on h	man icies nold t Acco	date. , held :ill fre unt. l	l by tl sh Ni Pleas	ne cli EFT n	ent w nanda	ith H ate is	DFC L recei	₋ife. ved. I	ntim	ation	will b	e sen	t to yo	ou for
Declaration:	ionat	.c puy	out,	picus	с рго	viac		V L. 1	mana	utcs	1.0.10	J1 141(1	_ uccc	Juiit ui	10110	11 141	VE GC	couri												
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Date: D D Place:	M	M	Y	Υ	Υ	Υ																				SIGN	IHER	RE		
																									Sian	ature	of CI:	aimar	nt	

ignature of Claimant

SECTION B*																												
DETAILS OF LIFE ASSU	RED	(LA))																									
Name of Life Assured:	Mr.	1	Ms.	F	1	R	S	Т																L	A	S	Т	
Father's Name: F I	R !	S	Т																					L	A	S	Т	
LA's PAN																												
Date of death: D D	М	М		Υ	Ag	je at	deat	:h:	Υ	Υ	М	М	Tir	ne of	dea	th:	Н	Н	:	М	М	:	S	S				
Place of death: Location	on:		Но	spit	al		wo	k pla	ice		Hon	ne		0	ther	5			S	Р	Е			F	Υ			
Place of death address	F	1	R	S	Т									L	Α	S	Т							А	Т		N	
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C I T Y /	V			L		G																						
D I S T R	1 (S		Α	Т	Е																		
Pincode:																												
If death outside India, body	y trans	sferp	oern	nissi	ion/	Cert	ificat	ion f	rom	Cons	sulate	e:		Ava	ilable	е		Not	avai	able	<u>.</u>							
If Not Available,Why?																												
Whether burial or crematic	n cert	tifica	te e	nclo	sed/	/atta	che	acc	ordir	igly?	:		Ye	25		N	lo											
If Not Available,Why?																												
Place of burial/crematorium	n addı	ress				1		S	Т					L	А	S	Т							А	Т		N	
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C I T Y /	V			L		G																						
D I S T R	1					S		А	Т	Ε																		
Pincode:																												
Nature of death: M	edical			A	cide	ent		М	urde	r		Si	uicid	e														
Immediate cause of death:																												
Circumstances surrounding	g deat	:h:																										
Name and contact details of	of rela	tive p	ores	sent	at tii	me c	of dea	ath/c	rem	atior	ı/bur	ial:																
1st Name: F I R	S	Т																						L	Α	S	Т	
Contact details:		0		F		С											М	0	В	1	L							
2 nd Name: F I R	S	Т																						L	Α	S	Т	
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EMPLOYMENT DETAIL	S OF I	LIFE	AS	SU	RED)																						
Occupation details:	Servi	ice		Вι	ısine	255		Se	lf-En	nplo	yed		Ho	ıse v	vife		Oth	ers:		S	Р	Ε	С	-1	F	Υ		
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Name of Employer:																												
Work place/employment/b	usine	ss ad	ldre	ess		1		S	Т					L	Α	S	Т							Α	Т		N	
B U I L D	1	N	G											R	0	A	D	N	Α	М	Е			Ο.				
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D I S T R	1 (S		А	Т	E																		
Pincode:																												
Last working location/emp	oloyme	ent/l	busi	ines	5:																							
Contact details of the Emp	loyer:								N	A	М	Е									М				L	Е		
Last Working day: D	D	М		Υ		Υ																						

SIGN HERE

SECTION C																												
HOSPITALISATION DET	AIL	S OI	F LIF	FE A	SSU	IRE	D																					
Was the life assured diagno				g		Ну	perte	ensio	n			etes		ı	Hear	t dis	ease	╝		Live	r dise	ase		Kid	ney	disea	ise	
from/treated for the follow	nng i	iines	551			Car	icer		┙		Oth	ers						S	Р	Е	С	П	F	Υ				
Date on which disease/illne						D	D	М	М	Υ	Υ	Υ	Υ															
Have any of your immediate	e fan	nily r	nem	bers	suff	erec	fror	n the	sim	ilar i	llnes	s?		Yes	╝	ı	No I	f yes	, prov	ide c	letails	whe	n it v	vas ir	nitiall	y diag	jnose	d:
Details of treatment receive	ed in	iclud	ling d	lates	5 OT C	outpa	atien	it or i	npai	ient																		
Type of admission:	Eme	erge	ncy		Pl	ann	ed		Di	ay Ca	are		Ma	itern	ity		NA											
Treatment given, if no surg	ery:																											
Hospitalisation due to injur	y:		Yes			No																						
If yes, give cause:			Sel	lf-Inf	licte	d		R	oad [·]	Traff	ic Ac	cide	nt		Sı	ıbsta	nce /	Abus	e									
Status at the time of discha	irge:			D	isch	arge	d to	Hom	e		Di	ischa	irged	to A	noth	ner H	ospit	al		De	cease	ed						
Medical cause of death cert	tifica	ite:		A۱	/ailal	ole		N	ot av	/aila	ble		Plea	ase er	nclos	e/atta	ach. If	not	availa	ble,	state	the re	asor	۱.				
MEDICAL CONSULTATION For more than one doctor consu												_				-					t Dat	e)						
Name of Doctor:	1	R	S	Т																L	Α	S	Т					
Address of Hospital:	1	R	S	Т										L	Α	S	Т					F		Α	Т	N	0.	
B U I L D	1	N	G											R	0	А	D	N	Α	М	Е	1	N	0.				
D I S T R	1	С	Т			S	Т	Α	Т	Ε											Pinc	ode:						
Contact Details of Doctor:																												
Dates of Consultation:	D	D	М	М	Υ	Υ		Υ																				
Reasons of Consultation:																												
DOCTOR DETAILS																												
Doctor who attended t	he la	ast i	illne	ess:							S												S					
Address of Hospital: F				Т										L	A	S	Т						L	A	Т			0.
B U I L D														R	0	Α	D	N	A	М	E	/	N	0.				
D I S T R							Т	Α _	Т	E											Pinco	ode:						
Contact Details of Doctor:			0	F	F		С	E										М	0	В			E _					
Family doctor: F				<u> </u>											Δ.	_	_						H		_			0
Address of Hospital: F															A	5	_	N.					L 	A				0.
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Contact Details of Doctor:			0	-	_		י	E		-								M	0	В	PIIIC	oue.	_					
Doctor who declared de	nn+h	· ·		Ē	F													М		Ь					Α	ς	т	
Address of Hospital:	cati			T.											A	S	Т							Δ.	Т	J		О.
B U I L D														D.	0	A	D	M	A	М			NL.	Λ Ω				- J.
DISTR							T	A	T	E				-1		-^			-/\		Pinco	ode:	-11.5					
Contact Details of Doctor:			0	F	F		С	E										М	0	В			Ę					
																								SIC	N H	PE-		

SIGNTIENE

LIFESTYLE DETAI Did the Life Assured		of drinking, smok	ing and/or cl	newing tobacco?	Yes	No	If Yes, plea	se provide deta	ils.	
Beer	Whiskey	Wine	Others	s: S P	E C	I F	Y	ml/bottle per o	day	
Cigarettes	Bidi	Tobacco	Gutka	Others:				No. of sticks of packets per da		
If the Life Assured ha	ad drug habits:	Name of drugs		1	Number of	years		Dose usage		
Other substance add	ictions, if any:									
OTHER INSURANC	E/ MEDICLAIN	1 POLICY DET/	AILS OF LIF	E ASSURED						
Policy	Name 0	f The	Basic	Risk		Claim	Status Ple	ease tick the appro	priate boxes	
No.	Insura Comp		Sum Assured (SA)	Commen- cement Date (RCD)	Claim Applied	Claim Not Applied	Partial Claim Amount Received	Legal Appeal filed against the claim	Full Claim Amount Received	Claim Denied
				D D M M Y Y						
				D D M M Y Y						
				D D M M Y Y						
				D D M M Y Y						
				D D M M Y Y						
If claim not applied	l with other in:	surer, why?								
SECTION D										
SECTION D In case of death of	dua ta Assida	nt/Murdor/C	uicido							
			uicide							
Address & contact where FIR/Case Di										
If not registered, s	state the reaso	on:								
Details of hospital was conducted	where Post M	lortem								
Is the Post Morten		sed/attached?	Yes	No	If not attac	hed, kindly	state the rea	son		
Details of how the	incident happ	pened?	Rail	Road Air	Others	5	S	P E C I	FY	
				Details	of parties i	involved & I	ocation of th	e accident		
								SI	GN HERE	
Date: D D M	M Y Y Y	Y Place:								
								Claim	ant Signature	

SECTION E*

Date:

DECLARATION AND AUTHORISATION

- I hereby declare all the details filled/ furnished above are true and 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 reimbursement of the said expenses 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 realization 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, from both the past and present.
- A photo copy of this declaration shall be considered as valid and effective.
- I authorise HDFC Life 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 provider(s) for servicing insurance policy, underwriting risk, settlement of claim, etc. without obtaining my specific consent for such sharing and I hereby provide my consent for the same.

CLAIMANT HAS AFFIXED HIS/HER THUMB IMPRESSION/HAS SIGNED IN VERNACULAR / HAS NOT FILLE	ED 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 impress	ion in my presence.
Third Party Name :	
Address:	SIGN HERE
Contact Details:	

HDFC Life Insurance Company Limited ("HDFC Life"). CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.

Place:

Regd. Off: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011

		_9
	Customer Acknowledgement Copy-Individual D	eath Claim Form
Policy No.	Name of Clai	mant
Branch Name/ Interaction ID	Date	D D M M Y Y Y Y
Employee Name	Employee Co	ode
Employee Sign		Branch Stamp

DOCUMENTS SUBMITTED	
Original policy certificate Demat Policy Certificate	Employee certificate of Life Assured
Claimant's PAN	Death certificate by MC
Life Assureds' PAN	Cancelled cheque
First Information Report (FIR)	Residential address proof
Panchnama	Post Mortem Report (PMR)
Final report	Claimant's Photo
Complete Medical Records	Burial or Cremation slip
Medical Cause of death certificate	Others

Disclaimer: HDFC Life Insurance Company reserves the right to ask for more information/documents, if required.

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.

Call 1860-267-9999 (local charges apply). DO NOT prefix any country code e.g. +91 or 00. Available Mon-Sat from 10 am to 7 pm | Email – service@hdfclife.com | nriservice@hdfclife.com (For NRI customers only) Visit – www.hdfclife.com.

Third Party Signature