

Branch Name: Branch Code:
Interaction ID:
Employee Name:
Employee Code: Sign:

Time: ☐ On or Before 3PM
☐ After 3 PM



IMPORTANT INFORMATION

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

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

- ☐ Valid Passport ☐ Voter ID Card
- ☐ Valid Driving License
- ☐ Utility bill as address proof not more than 2 months.
- ☐ Bank Passbook with stamped photograph

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

SIGN HERE

Claimant Signature _____

POLICY DETAILS

Claim form filling Assisted by: ☒ HDFC Life Employee ☐ Policy Agent ☐ Relatives ☐ NA

If the option HDFC Life Employee or Relatives selected above, details

Relatives /Employee Name : Mr. Ms. F I R S T L A S T

Contact: M O B I L E

Please affix recent passport size photo of the Claimant

DETAILS OF CLAIMANT

Claimant Name: Mr. Ms. F I R S T L A S T

Date of Birth:

D	D	M	M	Y	Y	Y	Y
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Address:

Pincode:

Contact No : O F F I C E P E S I D E N C Y M O R I I E

Office &/or Personal Email ID:

Occupation details: ☐ Service ☐ Business ☐ Self Employed ☐ Housewife ☐ Others

Occupation category	Service	Business	Self-Employed	Housewife	Others
Monthly (INR)	30,000	30,001-50,000	50,001-1,00,000	>1,00,000	

Monthly income (INR):	Up to 20,000	20,001 - 30,000	30,001 - 50,000	50,001 - 1,00,000	> 1,00,000
Percentage of total population	10.0%	15.0%	25.0%	35.0%	15.0%

[illegible]

Claimant's Title:	<input type="checkbox"/> Nominee	<input type="checkbox"/> Executor	<input type="checkbox"/> Trustee	<input type="checkbox"/> Appointee	<input type="checkbox"/> Employer	<input type="checkbox"/> Assignee	<input type="checkbox"/> Beneficiary
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Claimant's PAN: [REDACTED] or [REDACTED] Form 60 [REDACTED] Form 61

Is the Claimant a Politically Exposed Person (PEP)?	Yes	No	"PEP: Persons who are members of senior management in a state owned enterprise, Political party or a international organisation. i.e. directors, deputy directors and members of the board or equivalent function"
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Preferred mode of Communication: ☒ Email ☐ Physical Letters (if email is selected, no physical letters will be sent)

CLAIMANT NEFT MANDATE/ BANK ACCOUNT DETAILS

In case of children's plans, if beneficiary is a major, please provide beneficiary's account details.

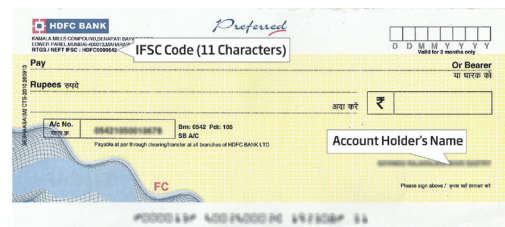
Bank Account No. :

Account Holder Name:

Bank Name & Branch:

Account Type	Savings	Current	NRO	NRE
1	2	3	4	5

#All premium(s) paid from NPE Account:	## Proportionate premium(s) paid from NPE Account:
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Note:

- A cancelled personalised cheque with the account no. and IFSC should be submitted along with the NEFT mandate. If the cheque is not personalised, a latest bank statement or copy of passbook (where account number and IFSC 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 pending on the mandate, payout will be kept on hold till fresh NEFT mandate is received. Intimation will be sent to you for the same.

*Refund to NRE account (full or proportionate) will be subject to ratio of premium(s) paid through NRE Account. Please submit a Bank Statement or Bank Confirmation letter as an evidence for premium(s) paid through NRE account.

In case of proportionate payout, please provide two NEFT mandates i.e. for NRE account and non-NRE account.

Declaration:

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 ("HDFC Life") or any of its associates/agents responsible. Further, I/we agree to keep HDFC Life indemnified against any loss caused to them due to any incorrect information provided above.
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/our account at any time due to any reason.

Date: DDMMYYYY

[illegible]

SIGN HERE

Signature of Claimant

DETAILS OF LIFE ASSURED (LA)

[illegible]

EMPLOYMENT DETAILS OF LIFE ASSURED

SIGN HERE

Claimant Signature

HOSPITALISATION DETAILS OF LIFE ASSURED

Date on which disease/illness First diagnosed D D M M Y Y Y Y

Details of treatment received including dates of outpatient or inpatient

Type of admission:	Emergency	Planned	Day Care	Maternity	NA
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Hospitalisation due to injury:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, give cause: ☐ Self-Inflicted ☐ Road Traffic Accident ☐ Substance Abuse

Status at the time of discharge: ☐ Discharged to Home ☐ Discharged to Another Hospital ☐ Deceased

Medical cause of death certificate: ☐ Available ☐ Not available ☐ Please enclose/attach. If not available, state the reason.

MEDICAL CONSULTATION HISTORY OF LIFE ASSURED (For the last 5 years from policy Risk Commencement Date)

For more than one doctor consulted during the last 5 years from policy RCD, please attach a separate page mentioning all the details.

Contact Details of Doctor:

Dates of Consultation:

D	D	M	M	Y	Y	Y	Y
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DOCTOR DETAILS

Contact Details of Doctor:

Contact Details of Doctor:

Contact Details of Doctor:

Claimant Signature

LIFESTYLE DETAILS

Did the Life Assured have the habit of drinking, smoking and/or chewing tobacco?

YesNo

If Yes, please provide details.

Beer

Whiskey

Wine

Others:

S

P

E

C

I

F

Y

ml/bottle per day

Cigarettes

Bidi

Tobacco

Gutka

Others:

S

P

E

C

I

F

Y

No. of sticks or packets per day

If the Life Assured had drug habits:

Name of drugs

Number of years

Dose usage

Other substance addictions, if any:

OTHER INSURANCE/ MEDICLAIM POLICY DETAILS OF LIFE ASSURED

Policy No.	Name Of The Insurance Company	Basic Sum Assured (SA)	Risk Commencement Date (RCD)	Claim Status Please tick the appropriate boxes					
				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 with other insurer, why?

SECTION D

In case of death due to Accident/Murder/Suicide

Address & contact details of police station where FIR/Case Diary is registered:

If not registered, state the reason:

Details of hospital where Post Mortem was conducted

Is the Post Mortem report enclosed/attached?

YesNo

If not attached, kindly state the reason

Details of how the incident happened?

Rail

Road

Air

Others

S

P

E

C

I

F

Y

Details of parties involved & location of the accident

Date :

D D M M Y Y Y Y

Place:

SIGN HERE

Claimant Signature

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.

Date: Place:

SIGN HERE

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.

Third Party Name :

Address:

Contact Details:

Date: DDMMYYYY Place:

SIGN HERE

Third Party Signature

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.

Customer Acknowledgement Copy-Individual Death Claim Form

Policy No.		Name of Claimant	
Branch Name/ Interaction ID		Date	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>
Employee Name		Employee Code	
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.

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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

Call 1800 267 9999 (local charges apply). DO NOT print any country code e.g. **nriservice@hdfclife.com** (For NRI customers only) Visit – **www.hdfclife.com**.