

Group Claim Form (Non- Employer - Employee)



Personal Details

Policy No.: _____ Member Name: _____

Master Policyholder Name: _____ Member No.: _____

Date of Birth: (DD/MM/YYYY) _____ Certificate/Loan Account No.: _____ Sum Assured (INR): _____

Coverage start date: (DD/MM/YYYY) _____ Policy issue date: (DD/MM/YYYY) _____ Original Loan Amount (INR): _____

Section - I (Information regarding the Claimant)

	Claimant 1	Claimant 2	Claimant (MPH)
Title			
Name			
Gender			
Date of Birth	(DD/MM/YYYY)	(DD/MM/YYYY)	(DD/MM/YYYY)
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"/> Saving <input type="checkbox"/> Current	<input type="checkbox"/> Saving <input type="checkbox"/> Current
Bank Account Number			
Branch Name & Address			
IFSC ^			
Percentage of claim payout ratio (total should be 100%)			

^11 digit alphanumeric code appearing on your cheque leaf

Note

- In case of minor Nominee, details to be filled by Appointee/Legal heir.
- A cancelled personalised cheque with account holder’s name, account no. and IFSC 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 holder’s name, account no. 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 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)

Death Claim

A Date of Death: (DD/MM/YYYY) _____ Time of Death: (HH/MM/SS) _____ Place of Death: _____

Exact/Immediate Cause of Death: _____

Critical Illness Claim

B 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 unnatural death)

Place of Accident	
Registration no. of vehicles involved (if available)	
Name, address & contact no. of drivers (if available)	
Was a post mortem carried out? If yes, name, address & contact no. of hospital.	
Name, address & contact no. 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./ Ms./Mrs.

I/We, the Claimant(s) herein acknowledge and declare receipt of all amounts due* and payable under the policy mentioned above towards 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/We undertake to refund any amount that is credited to my/our account either in excess or which is not due to me/us, at any time, for any reason and to this effect, I/we confirm that the particulars given here are true, correct and complete in all aspects.

I/We, the Claimant(s), hereby declare that the 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/we, as the Nominee(s), am/are eligible to receive the insured amount from HDFC Life. For this purpose, I/we have made/ I/we am/are making the necessary claim application to HDFC Life. Since I am/we are required to pay the outstanding loan amount, as per the below table, to the Master Policyholder described below, I/we instruct and authorise HDFC Life to pay the amount, shown as outstanding in the table below to the Master Policyholder directly, and the balance amount be paid to me/us. Upon such payment by HDFC Life on my/our instructions and on my/our behalf to the Master Policyholder, and upon issuance of payment for balance insurance claim amount to me/us, HDFC Life shall stand fully discharged in respect of the claim amount due to me/us.

I/ We understand and affirm that HDFC Life shall have the right to initiate appropriate legal action apart from repudiation of claim in case of any fraud including but not limited to willful misrepresentation.

Credit Account Statement

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

Date: (DD/MM/YYYY)

Place: _____

SIGN HERE

Signature of the claimant 1

Date: (DD/MM/YYYY)

Place: _____

SIGN HERE

Signature of the claimant 2

* After deduction of outstanding loan amount

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.

Declarant Name: _____

Date: (DD/MM/YYYY) _____

Place: _____

SIGN HERE

Signature of the Third Person

Section V - Consent to receive communication from HDFC Life

I/We hereby give my/our consent to receive communication from HDFC Life or its authorised representatives via phone (call/SMS). Further, I/we hereby give my/our consent to receive other related information from HDFC Life or its authorised representatives through electronic mode including but not limited to SMS, Email and WhatsApp.

Claimant Name: _____

Date: (DD/MM/YYYY) _____

Place: _____

SIGN HERE

Signature of the Claimant

Section VI - Declaration from Master Policyholder

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

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

Date: (DD/MM/YYYY) _____

Place: _____

SIGN HERE

Company Seal and Authorised Signatory /
Signature of Master Policyholder

* 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	✓	✓	✗	✗
Cause of Death Certificate issued by the treating doctor	✓	✓	✗	✗
Police records (viz. First Information Report, Panchnama, Inquest Report, Police final Investigation report, Viscera/Chemical Analysis report, etc.) attested by Police authority	✗	✓	✗	✗
Post Mortem Report attested by hospital authority	✗	✓	✗	✗
Complete medical records (for past and current illness)	✓	✗	✓	✓
Certificate from treating doctor	✓	✗	✓	✓
A cancelled personalised cheque with account holder's name, account no. and IFSC present. Where the cheque is not personalised, a latest bank statement (not more than 3 months old) or copy of passbook where account holder's name, account no. and IFSC is mentioned.	✓	✓	✓	✓

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

HDFC Life Insurance Company Limited [Formerly HDFC Standard 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.

For queries or more information, 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 |

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