



CL8000101

Canara HSBC Oriental Bank of Commerce Life Insurance Co. Ltd.
139 P, Sector 44, Gurugram – 122003, Haryana (India)

Death Claim Form (Credit Life/Corporate Group Term)

Important Information: /

- 1) To be filled in by the person who is legally entitled to the policy monies
- 2) Submission of this form should not be construed as acceptance of the claim
- 3) Please submit this form and the requirements at the nearest branch/hub or at the address as indicated below

A. Details of Master Policy Holder /

Name of Master Policy Holder:	Certificate of Insurance Number:
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B. Details of the Deceased: /

Name /	Age at Death <input type="text"/> <input type="text"/> years /	<input type="text"/> <input type="text"/>
Residential Address: /		
Occupation /	Annual Income (p.a.) /	INR /
Name of the employer (if salaried)	Address /	
	Contact no. /	
Date on which deceased last attended his/her usual work <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

C. Details of the Claimant (In case of more than one claimant, please attach additional sheet) :

Name(s) /	Relation to the member assured /
Date of Birth /	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mailing Address /
	Telephone / Mobile /
E-mail ID /	
PAN Number/ Form 60	
Please enclose a copy of self attested photo ID proof (Please tick whichever is submitted)	
<input type="checkbox"/> Passport /	<input type="checkbox"/> Driving License / <input type="checkbox"/> Voter's ID card /
<input type="checkbox"/> Company ID card /	<input type="checkbox"/> Other , please specify

D. Bank Details of the Claimant (MANDATORY): /

Bank Account No	Type of Account: /	<input type="checkbox"/> Saving /	<input type="checkbox"/> Current /
<input type="checkbox"/> NRE / <input type="checkbox"/> NRO /	(In case of NRI Claimant, please provide NRO account number only)/		
IFS Code /			
Bank Name and Address /			
Note- Kindly attach a copy of cancelled cheque with account number and name of the account holder printed on it or Copy of self attested Bank Account Statement / Bank Passbook .			



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E. Particulars of the Claim /

Date of death: / / Time of death: : (a.m. / p.m.) Place of Death: _____

Cause of Death: / _____

Duration of last illness Details on the circumstances of the life assured's death (Please attach a separate sheet) / _____

Date of cremation/burial / / Place of cremation/burial _____

/ /

If death has occurred abroad, please attach a separate sheet with following details: Details of Passport (number, date of issue); Date of the deceased insured last leaving India; Details of when and how the body was transported back to India, if applicable.

F. Particulars of Accidental Claim: /

Name of Police station where death was recorded / _____

Date of FIR / / / FIR no. / _____

Date of Post-mortem / / /

Post-mortem no. / _____

Date of accident / / / ; Time of accident : (a.m. / p.m.) ; /

Place of accident / _____

Short description of how the accident occurred (please attach separate sheet)

G. Details of Other Life Insurance and Mediclaim policies on the life of the deceased: /

S. No.	Policy No.	Name of Company	Policy Date	Basic Sum Assured (₹)	Rider Benefit amount (₹)	Claim Status

H. Declaration and Authorization:

I/We do hereby declare that the information provided hereinabove is true in each and every respect and the settlement of claim shall strictly be in accordance with the policy terms and conditions. I irrevocably authorize all the medical establishments (medical labs included), government institutions/ agencies (police authorities, revenue, etc.) to reveal/share mental and physical treatment information (past and present) including HIV/AIDS and others, related to the Life Assured, to Canara HSBC Oriental Bank of Commerce Life Insurance Co. Ltd ("Company") and/or its agents and authorized representatives. I authorize the Company to share and obtain information, including financial details, on my/our behalf with any reinsurer, insurance association, medical authorities, other insurers, statutory authorities, employer, court, governmental body, regulator, an investigation agency or other service provider(s) for settlement of claim, etc. without obtaining my specific consent for such sharing and I hereby provide my consent for the same. A photo copy of this declaration shall be considered as valid and effective.



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Signature/left hand thumb impression / Stamp of Claimants/ Nominee/
Master Policy Holder /

Name / _____

Address / _____

Date / / /

Name & signature of the witness

Relation with claimant _____

Mobile number _____

Address / _____

Date / / /

Declaration in case of an illiterate claimant/s should be made by a person who is unconnected to the company and whose identity can be easily established:

" I hereby declare that the contents of this form are explained by me in _____ language understood by the claimant and that he/she has/have affixed his/her thumb impression to this form after fully understanding the contents thereof "

Employment details from the list below _____

(This form must be witnessed by any one of the following: (1) An agent of the Company, (2) A Relationship Manager of the Company, (3) A Branch Manager of the distributing bank, (4) A Bank Manager of a Nationalized bank with Rubber Stamp, (5) A Gazetted Officer, (6) A Head Master / Principal of a Govt. School, (7) A Magistrate (8) Any employee of the Company.)



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Requirements to be submitted along with this form*: /

Documents required /	
1. Certificate of Insurance / (Not applicable for Corporate Group Term)	
2. Original Death Certificate issued by Municipal Authorities /	
3. Photo ID & address proof of the claimant (duly attested) /	
4. Copy of Bank Passbook/cancel cheque /	
5. Credit Account Statement /	
6. Loan Account Statement /	
Additional requirements /	
7. Physician's Statement	
8. Hospital Certificate /	
9. Medical records from Hospitals & Doctors for the last 5 years (Discharge summary, admission notes, test reports, medical prescriptions etc)	
10. Post Mortem (if conducted) /	
11. Employer Certificate with Leave records for last 5 years /	
Additional requirements in case of death due to unnatural reasons (like Accident, Suicide, Murder, Sudden / My erious Death etc.) /	
12. First Information Report (FIR) /	
13. Panchnama, Police Investigation report, Police Final Report	
14. Post-mortem report and Toxicology / viscera report, if available	
15. Newspaper Clippings, if available /	
16. Copy of Driving license if Life assured was driving at the time of accident (only in case of accident death claims)	

* Company reserves the right to call for any additional requirements

Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited (IRDA Regn. No. 136)

139 P, Sector 44, Gurugram – 122003, Haryana (India) Regd Offi ce : Unit No. 208, 2nd Floor, Kanchenjunga Building, 18 Barakhamba Road, New Delhi - 110001, India, Corporate Identification No.- U66010DL2007PLC248825, Contact 1800-180-0003, 1800-103-0003 (Tel)/ +91 0124 4535099 (Fax)/ Email : customerservice@canarahsbclife.in, Website : www.canarahsbclife.com