Group Claim Form – Non Employer Employee (Non MFI)

HDFC Life
Sar utha ke jiyo!

Master Policyholder Details

Policy No.: _____ Master Policyholder Name: _____

Insured Member Information

Member 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			
PAN Number/ Form 60			
CKYC Number			
NEFT Details			
Bank Name			
Type of Bank Account	☐ Saving ☐ Current	☐ Saving ☐ Current	☐ Saving ☐ 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/Disability/Terminal Illness Claim

B Type of Illness: _____ Date of Diagnosis: _____

Date of Disability /Injury: _____ Date of Accident: _____

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 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 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 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 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 Credit Account Statement to the Master Policyholder I/we instruct and authorise HDFC Life to pay the amount, shown as outstanding in the Credit Account Statement 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 confirm that I/we have reviewed and verified the outstanding loan amount as reflected in the credit account statement shared by the Master Policyholder and linked to the above mentioned policy. I/We further declare that the details therein are accurate and correct. This declaration is made of my/our free will, with complete understanding of its meaning and effect.

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.

Date: (DD/MM/YYYY)
Place:
SIGN HERE
Signature of the Claimant 1
Revenue Stamp

Date: (DD/MM/YYYY)
Place:
SIGN HERE
Signature of the Claimant 2
Revenue Stamp

* 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 1 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 & usage of Aadhaar Information:

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.

☐ I voluntarily consent for Aadhaar based KYC, Aadhaar authentication or offline verification to be done through HDFC Life either now or anytime in future. I am aware that my Aadhaar number, Virtual ID, e-Aadhaar, XML, Masked Aadhaar, face authentication details and/or biometric information, Aadhaar demographic data including my name, address, gender, date of birth and photograph shall be shared by UIDAI with HDFC Life for KYC purposes/ due diligence. I confirm that I was provided an option for submitting other acceptable KYC Documents besides Aadhaar. I confirm that this consent is valid for KYC purposes/ due diligence done for issuance/ servicing of insurance policy(ies), claim related purposes or for any other regulatory/ statutory related requirements.

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, as below/information shared via email in an Excel attachment/information shared through any other digital method, 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 settlement and discharge of all claims and demands under the set policy on the life of the above mentioned member.

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

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 Autorised Signatory / Signature of Master Policyholder

* After deduction of outstanding loan amount

Please submit the documents mentioned below			
Documents	Natural death/ Due to illness	Unnatural death (accident, suicide, murder etc)	Critical Illness/Disability /Terminal Illness
Claim Form - Complete filled, signed by claimant & signed , stamped by the Master Policyholder (MPH) , as per applicability)	Mandatory	Mandatory	Mandatory
Member enrollment form/Member Authorisation form(Lender – Borrower Schemes) **Not applicable for GTI Employer /Employee Claim	Mandatory	Mandatory	Mandatory
Death Certificate - Issued by Municipal Authority/ Gram Panchayat - under section 12/17 & self attested by the claimant.	Mandatory	Mandatory	Not applicable
Medical certificate of Death - Self attested copy of Certificate by the medical examiner who declared the Life Assured dead, submitted for cremation purposes.	Mandatory	Not applicable	Not applicable
***Nominee/ Beneficiary NEFT details** Clear copy of bank passbook with transaction history for last six months/ cancel copy of printed cheque, self attested by claimant	Mandatory	Mandatory	Mandatory
Sum assured Bifurcation - Sum Assured Bifurcation - (Sum Assured / Original Loan Amount/Recovery made by Master Policyholder (MPH) towards the loan/Outstanding loan balance as on the date of death) to confirm break up of amount payable to MPH & balance amount payable to Claimant).	Mandatory	Mandatory	Mandatory
Police Record – Copy of First Information report, Police Panchnama, Police Inquest report, Final closure report, attested by police authority.	Not applicable	Mandatory	Not applicable
Post Mortem report - Copy attested by hospital authority & final Viscera/Chemical analysis report, if preserved for confirming cause of death on the Post Mortem Report.	Not applicable	Mandatory	Not applicable
Self attested copy of Complete set of **medical records**, treatment papers for past and current illness	Non - Mandatory	Non - Mandatory	Mandatory
Self-attested KYC documents of the Claimant 1) PAN Card/Form 60 List of Officially Valid Documents (any one) 1) Valid Passport 2) Voter's identity card issued by Election commission of India 3) Valid Permanent Driving License 4) Aadhar Card (please mask First 8 digits)	Mandatory	Mandatory	Mandatory
Self attested copy of **age proof of life assured**	Mandatory	Mandatory	Mandatory

Section VII - Declaration and Authorisation

I authorise HDFC Life to share and obtain information on behalf of me with/from 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: (DD/MM/YYYY)_____

Place: _____

SIGN HERE

Signature of Claimant

Disclaimer: Depending on circumstances of claim, further documents like Loan Account Statement, Credit Analysis Memorandum (CAM) sheet etc may be called as deemed fit by HDFC Life.