

SECTION A***POLICY DETAILS**Policy Number(s): 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. Contact:

Please affix recent passport size photo of the Claimant

DETAILS OF CLAIMANTClaimant Name: Mr. Ms. Date of Birth: Address: Pincode: Contact No.: Office &/or Personal Email ID: Occupation details: Service Business Self Employed House wife OthersMonthly income (INR): Up to 20,000 20,001-50,000 50,001-1,00,000 >1,00,000Relation with the Life Assured: Spouse Children Parents Others Claimant's Title: Nominee Executor Trustee Appointee Employer Assignee BeneficiaryClaimant's PAN: Or Form 60 Form 61Is 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 an international organisation. i.e. directors, deputy directors and members of the board or equivalent functions"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#All premium(s) paid from NRE Account: ## Proportionate premium(s) paid from NRE Account: IFSC^: ^11 Character code appearing on your cheque leaf**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:

- 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.
- 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 : Place:

SIGN HERE

Signature of Claimant

SECTION B***DETAILS OF LIFE ASSURED (LA)**

Name of Life Assured: Mr. Ms. F I R S T L A S T

Father's Name: F I R S T L A S T

LA's PAN

Date of death: D D M M Y Y Age at death: Y Y M M Time of death: H H : M M : S S

Place of death: Location: Hospital work place Home Others S P E C I F Y

Place of death address F I R S T L A S T F L A T N O.
B U I L D I N G R O A D N A M E / N O.
C I T Y / V I L L A G E
D I S T R I C T S T A T E

Pincode:

If death outside India, body transfer permission/ Certification from Consulate : Available Not available

If Not Available, Why?

Whether burial or cremation certificate enclosed/attached accordingly? : Yes No

If Not Available, Why?

Place of burial/crematorium address F I R S T L A S T F L A T N O.
B U I L D I N G R O A D N A M E / N O.
C I T Y / V I L L A G E
D I S T R I C T S T A T E

Pincode:

Nature of death: Medical Accident Murder Suicide

Immediate cause of death:

Circumstances surrounding death:

Name and contact details of relative present at time of death/cremation/burial:

1st Name: F I R S T L A S T

Contact details: O F F I C E M O B I L E

2nd Name: F I R S T L A S T

Contact details: O F F I C E M O B I L E

EMPLOYMENT DETAILS OF LIFE ASSURED

Occupation details: Service Business Self-Employed House wife Others: S P E C I F Y

Monthly income (INR) Up to 20,000 20,001-50,000 50,001-1,00,000 >1,00,000

Name of Employer:

Work place/employment/business address F I R S T L A S T F L A T N O.
B U I L D I N G R O A D N A M E / N O.
L A N D M A R K
C I T Y / V I L L A G E
D I S T R I C T S T A T E

Pincode:

Last working location/ employment/business:

Contact details of the Employer: N A M E M O B I L E

Last Working day: D D M M Y Y Y Y

SIGN HERE

Claimant Signature

SECTION C

HOSPITALISATION DETAILS OF LIFE ASSURED

Was the life assured diagnosed/suffering from/treated for the following illness? Hypertension Diabetes Heart disease Liver disease Kidney disease Cancer Others S P E C I F Y

Date on which disease/illness First diagnosed

Have any of your immediate family members suffered from the similar illness? Yes No If yes, provide details when it was initially diagnosed:

Details of treatment received including dates of outpatient or inpatient

Type of admission: Emergency Planned Day Care Maternity NA

Treatment given, if no surgery:

Hospitalisation due to injury: Yes No

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.

Name of Doctor: F I R S T L A S T

Address of Hospital: F I R S T L A S T F L A T N O.

B U I L D I N G R O A D N A M E / N O.

D I S T R I C T S T A T E Pincodes:

Contact Details of Doctor:

Dates of Consultation:

Reasons of Consultation:

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DOCTOR DETAILS

Doctor who attended the last illness: F I R S T L A S T

Address of Hospital: F I R S T L A S T F L A T N O.

B U I L D I N G R O A D N A M E / N O.

D I S T R I C T S T A T E Pincodes:

Contact Details of Doctor: O F F I C E M O B I L E

Family doctor: F I R S T L A S T

Address of Hospital: F I R S T L A S T F L A T N O.

B U I L D I N G R O A D N A M E / N O.

D I S T R I C T S T A T E Pincodes:

Contact Details of Doctor: O F F I C E M O B I L E

Doctor who declared death: F I R S T L A S T

Address of Hospital: F I R S T L A S T F L A T N O.

B U I L D I N G R O A D N A M E / N O.

D I S T R I C T S T A T E Pincodes:

Contact Details of Doctor: O F F I C E M O B I L E

SIGN HERE

Claimant Signature

LIFESTYLE DETAILS

Did the Life Assured have the habit of drinking, smoking and/or chewing tobacco? Yes No 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 <small>Please tick the appropriate boxes</small>					
				Claim Applied	Claim Not Applied	Partial Claim Amount Received	Legal Appeal filed against the claim	Full Claim Amount Received	Claim Denied
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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? Yes No If not attached, kindly state the reason

Details of how the incident happened? Rail Road Air Others

Details of parties involved & location of the accident

Date: Place:

SIGN HERE

Claimant Signature

