

INDIVIDUAL DEATH CLAIM FORM

For Official Use Only

Branch Name: Lko Alogeri Branch Code: 531
Interaction ID:
Employee Name: Rahul Kumar
Employee Code: 133014 Sign: [Signature]

Date: 21/2/19
Time: ☒ On or Before 3PM
☐ After 3 PM

Please accept our condolences on your untimely loss. We understand that this is a difficult time for you and it is our responsibility to offer you the best support in this hour of need. This Death Claim form will help you file your claim with ease. Please submit this form duly filled and signed with appropriate documents and follow the instructions below to help us settle your claim at the earliest.

IMPORTANT INFORMATION

1. The form should be filled by the claimant only. In case the claimant is a minor, the guardian/appointee may fill the form.
 2. Claims under multiple policies may be registered by filling a single form & providing all applicable policy numbers.
 3. In case of more than one claimant, separate forms need to be filled for each claimant.
 4. Please read the declarations carefully and sign the claim form in the same manner as you normally sign your cheque.
 5. The Claimant should sign in all pages of this Claim form.
 6. Claim is payable subject to fulfillment of all terms and conditions of the policy.
 7. No fee or commission should be paid to anyone to process this claim.
 8. Asterisk (*) refers to mandatory information.
- Pension claim- Section A,B,E mandatory to fill; Death claim (Non- accidental) - Section A,B,C,E;
Death claim (Accidental) - All sections are mandatory for filling.

IMPORTANT GUIDELINES TO FILL THE FORM

All fields in the claim form should be filled by the claimant in BLOCK letters.

Section A: Details of Claimant and NEFT Mandate

- Policy Numbers and letters should be unambiguous and legible.
- Make sure your address, phone numbers and email ID are current and active as the correspondence will happen through this only.
- Please fill the NEFT Form completely and enclose a copy of cancelled cheque/bank account passbook to enable us to transfer the claim proceeds directly to your account subject to the claim being payable as per the terms and conditions of the policy.
- Please select only one language as the preferred language for communication.

Section B: Details of Life Assured

- Wherever you choose the option "Others", kindly specify the details in the given space.
- Provide supporting documents as and when requested.

Section C: Hospitalisation details of Life Assured

- For all medical reports, documents and certification issued by the attending physician, please ensure that he/she is qualified to provide such document /certification according to Indian Laws.
- Concealment of other insurance policies of Life Assured might lead to invalidation of the claim.

Section D: Details of death due to Accident/Murder/Suicide

- Provide detailed account of the accident.
- Enclose/Attach PMR and FIR, otherwise clearly state the reason why it is not available or provided.

Section E: Declaration and Authorisation

- Provide signature and contact details in the designated place.
- Don't forget to rate our service.

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

LIST OF VALID IDENTITY & ADDRESS PROOFS (PLEASE TICK THE DOCUMENT SUBMITTED)

PHOTO IDENTIFY PROOF (ANY ONE)

ADDRESS PROOF (ANY ONE)

- ☒ Aadhaar Card ☐ Valid Passport ☐ Voter ID Card
☒ PAN Card ☐ Voter ID Card ☐ Valid Driving Licence
☐ Bank Passbook with stamped photograph
☐ ID Card issued by Central / State Govt. to employees

- ☒ Aadhaar Card ☐ Valid Passport ☐ Voter ID Card
☒ Valid Driving Licence
☐ Utility Bill (Electricity/Phone bill) not more than 6 months
☐ Bank Passbook with stamped photograph

DOCUMENTS TO BE SUBMITTED

MANDATORY DOCUMENTS

ADDITIONAL DOCUMENTS

- Original policy document
Copy of death certificate issued by local authority
Claimant's Aadhaar card and PAN details
Life Assureds' Aadhaar card and PAN details
Cancelled cheque, Cremation/Burial Slip, Employee certificate in case Life Assured was Salaried

HOSPITALISATION/ DEATH DUE TO ILLNESS

- Copy of Medical cause of death Certificate
Medical records for all the treatments taken in the past. (Admission notes, History/Progress sheet, Discharge/ Death summary, Test reports, etc.)

ACCIDENTAL DEATH

- 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

Disclaimer: HDFC Standard Life Insurance Company reserves the right to ask for more information/ documents, if required.

Rachna Tandon.
Claimant Signature

SECTION A***POLICY DETAILS**

Policy Number(s): **11865963, 13371058**
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. Rahul Kumar**
Contact: **9918906550**

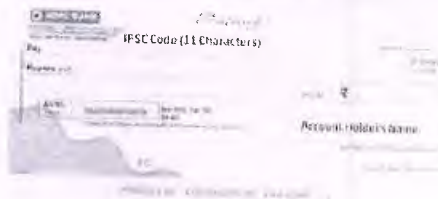
**DETAILS OF CLAIMANT**

Claimant Name: **Mr. Ms. RACHNA TANDON**
Date of Birth: **28/07/1963**
Address: **503, LEGACY APARTMENT JOPLING ROAD HAZRATGANJ, Lucknow**
Pincode: **226001**
Contact No.: **9415019527 7828398982**
Office &/or Personal Email ID:
Occupation details: ☐ Service ☐ Business ☐ Self Employed ☒ House wife ☐ Others
Monthly income (INR): ☒ Up to 20,000 ☐ 20,001-50,000 ☐ 50,001-1,00,000 ☐ >1,00,000
Relation with the Life Assured: ☒ Spouse ☐ Children ☐ Parents ☐ Others
Claimant's Title: ☐ Nominee ☐ Executor ☐ Trustee ☐ Appointee ☐ Employer ☐ Assignee ☒ Beneficiary
Claimant's PAN: **ABGPT7086E** Or ☐ Form 60 ☐ Form 61
Claimant's Aadhaar No.: **459468519824**
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 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)
Please tick the preferred language for communication: ☒ English ☐ Hindi ☐ Tamil ☐ Telugu ☐ Malayalam ☐ Kannada ☐ Gujarati
☐ Marathi ☐ Bengali ☐ Punjabi ☐ Urdu ☐ Assamese ☐ Odia

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.: **0131065203100**
Account Holder Name: **RACHNA TANDON**
Bank Name & Branch: **IDBI BANK, LUCKNOW**
Account Type ☒ Savings ☐ Current ☐ NRO ☐ NRE



*All premium(s) paid from NRE Account: ** Proportionate premium(s) paid from NRE Account:

IFSC*: **1BK00000015** ^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.

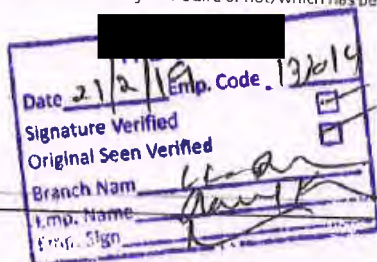
*Refund to NRE account (full or proportionate) will be subject to ratio of premium(s) paid through NRE Account. Please submit a Bank Statement or Bank Confirmation letter as an evidence for premium(s) paid through NRE account.

** 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 Standard 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: **21/02/2019**
Place: **LKO.**



SIGN HERE
Rachna Tandon.
Signature of Claimant

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

Name of Life Assured: ☒ Mr. ☐ Ms. **MUKESH TANDON**
Father's Name: **RAJENDRA TANDON**
LA's PAN and Aadhaar Number: PAN **ABGPT7085H** Aadhaar
Date of death: **04/01/2019** Age at death: **058** Time of death: **10: AM**
Place of death: Location: ☒ Hospital ☐ work place ☐ Home ☐ Others
Place of death address **DR. YOGESH TANDON**
KANPUR

Pincode:

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

If Not Available, Why?

N/AWhether burial or cremation certificate enclosed/attached accordingly? : ☒ Yes ☐ No

If Not Available, Why?

Place of burial/crematorium address

Pincode:

Nature of death: ☒ Medical ☐ Accident ☐ Murder ☐ SuicideImmediate cause of death: **Respiratory failure**Circumstances surrounding death: **Respiratory failure**

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

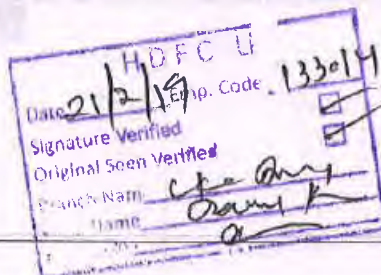
1st Name: **DR. YOGESH TANDON**Contact details: **9839110419**2nd Name: **MR. MRINAL SHARMA**Contact details: **07750019200****EMPLOYMENT DETAILS OF LIFE ASSURED**Occupation details: Service ☒ Business ☐ Self-Employed ☐ House wife ☐ Others:Monthly income (INR) Up to 20,000 ☐ 20,001-50,000 ☒ 50,001-1,00,000 ☐ >1,00,000Name of Employer: **Calorie foods Pvt. Ltd.**

Work place/employment/business address

LKO.Pincode: **226024**Last working location/ employment/business: **CALORIE foods Pvt. Ltd.**

Contact details of the Employer:

Last Working day:



SIGNATURE
Rachna Tandon
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

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:

DR. YOGESH TANDON

Address of Hospital:

45/79, Khoya Bazar Kanpur-1

Pincode:

Contact Details of Doctor:

Dates of Consultation:

Reasons of Consultation:

DOCTOR DETAILS

Doctor who attended the last illness:

DR. YOGESH TANDON

Address of Hospital:

45/79, Khoya Bazar Kanpur-1

Pincode:

Contact Details of Doctor:

Family doctor:

Address of Hospital:

Pincode:

Contact Details of Doctor:

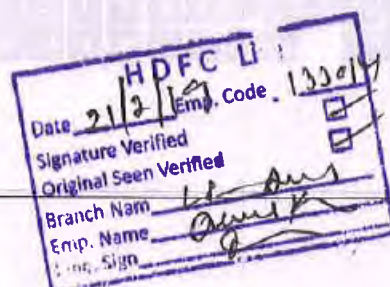
Doctor who declared death:

DR. YOGESH TANDON

Address of Hospital:

Pincode:

Contact Details of Doctor:



SIGN HERE
Rachna Tandon.
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:

ml/bottle per day

Cigarettes

Bidi

Tobacco

Gutka

Others:

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

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?

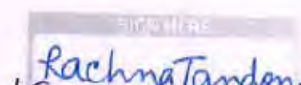
Rail

Road

Air

Others

Details of parties involved & location of the accident


Claimant Signature

SECTION E*

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: 21/02/19

Place: Lko

SIGN HERE
Rachna Tandon

Date:

21/02/19

Place:

Lko

SIGN HERE
[Signature]

Witness Signature

Witness Name: RAVINDRA PRATAP SINGH

Address: S57/45 KA OM NAGAR ALAMBAGH LUCKNOW

Contact Details: 7000015295

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 :

Place:

SIGN HERE
[Signature]

Third Party Signature

HDFC Standard Life Insurance Company Limited, IRDAI Registration No. 101.

Regd. Off: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011 CIN: U99999MH2000PLC128245