

## GTI Claim Form

### Personal Details

Master Policy No.: G1002377 Member No.: \_\_\_\_\_  
 Master Policyholder Name: APMOSYS Technologies pvt. Ltd  
 Member Number: \_\_\_\_\_ Employee ID: A250231 Sum Assured (INR): \_\_\_\_\_

### Section - I (Information regarding the Claimant & also if the policy is not assigned)

Upon admissibility of Claim, the payment to be made in favour of:

Group Policyholder: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

	Claimant 1	Claimant 2	Claimant (MPH)
Title			<u>Mr</u>
Name			<u>Binalch Sahoo</u>
Gender			<u>M</u>
Date of Birth	<u>10/06/1967</u>	<u>10/06/1967</u>	<u>04-06-1967</u>
Address			<u>Anant Vihar, B-75, D-115, Dera, Colliery, Talcher, Angul, Odisha</u>
Contact No.			<u>9438309763</u>
Email ID			<u>k.sahoo.bapu@gmail.com</u>
Relationship with Member			<u>Father</u>
NEFT Details			
Bank Name	<u>UCO Bank</u>		
Type of Bank Account	<input type="checkbox"/> Saving	<input type="checkbox"/> Current	<input checked="" type="checkbox"/> Saving <input type="checkbox"/> Current
Bank Account Number	<u>9044010000342</u>		
Branch Name & Address	<u>UCO bank, Anant Colony,</u>		
MICR Code	<u>759028521</u>		
IFSC ^	<u>UCBA0002339</u>		
Percentage of claim payout ratio (total should be 100%)	<u>100%</u>		

<sup>^</sup>11 digit alphanumeric code appearing on your Cheque Leaf

### Section - II (Information regarding the Member)

#### For Death Claim

A Date of Death: 12/12/2025 Place of Death: Anant Vihar, Dera, Colliery, Angul, Odisha, India  
 Exact/Immediate Cause of Death: Myocardial infarction and its complications thereof

B Date of Birth of Member: 12-12-7025 Duration of Last Illness: NFT Date of Last Working Day: 12-12-25

#### For Critical Illness:

Type of Illness: myocardial infarction and its complications thereof  
 Date of Diagnosis: 13-12-25

#### Details of Doctors/Hospital/Clinic Certifying Death

Name of Doctor	Name & Address of Clinic/Hospital	Contact No.
<u>Dr. Baliram Pradhan</u>	<u>Sub-Divisional hospital, Talcher</u>	

#### Details of Medical Consultant

Name of Doctor	Name & Address of Clinic/Hospital	Contact No.	Date of Consultation	Reasons for Consultation
<u>Baliram Pradhan</u>	<u>Pabitra mohan Pradhan Govt Hospital</u>		<u>12-12-25</u>	

**Section III - Employee Details**

- Date of joining the company by member: 04-04-25
- What is the exact nature of employment/job title: Engineer S2 / Production Support Engineer L2
- Reason for leaving (if applicable): \_\_\_\_\_
- Was member actively at work?  Yes  No
- Please provide leave records for member during the last six months:

Absence From	Absence To	Type of Leave	Medical Evidence Received

**Section IV (Discharge Voucher/ Advance Discharge Voucher)**

Claimant 1: Mr./Mrs.

Claimant 2 Mr./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.

Date: 2-2-26**SIGN HERE**

Place: \_\_\_\_\_

Signature of Claimant 1

Date: 2-2-26**SIGN HERE**

Place: \_\_\_\_\_

Signature of Claimant 2

[Note: The Direction below is to be completed by the Policyholder]

I/We \_\_\_\_\_ and \_\_\_\_\_ do hereby direct HDFC Life to draw the cheque for the above mentioned amount\* in favour of Mr./Mrs. \_\_\_\_\_, being one of the claimants under the policy.

I/We undertake to refund any amount that is credited to my account either in excess or which is not due to me, at any time, for any reason and to this effect.

I confirm that the particulars given here are true, correct and complete in all aspects.

Date: 2-2-26**SIGN HERE**

Place: \_\_\_\_\_

Signature of the Policyholder

**Section V (Declaration)****Declaration of Claimant & Consent for usage of Aadhaar Information:**

I/We, the Claimant(s), do hereby declare this statement (covered under Section II) made herein above is true and complete in each and every aspect. 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.

I/We, agree to provide and furnish details and reports as and when required by HDFC Life for processing this claim.

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.

Date: 2-2-26**SIGN HERE**

Place: \_\_\_\_\_

Signature of Claimant 1

Date: (DD/MM/YYYY)**SIGN HERE**

Place: \_\_\_\_\_

Signature of Claimant 2

**Declaration of Master Policyholder**

I/We do hereby declare that the above named member whose Death Certificate and/or 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 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.

Date: (DD/MM/YYYY)**SIGN HERE**

Place: \_\_\_\_\_

Signature of the Master policyholder  
(Authorised Signatory / Company Seal)

Please submit the documents mentioned below

Type of Requirement	Cause of Claim			
	Natural Death	Unnatural Death (Accidental/Murder/ Suicide)	Critical Illness/ Disability	Terminal Illness
Death certificate issued by Municipal Authority	✓	✓	✗	✗
Cause of Death certificate issued by the treating doctor	✓	✓	✗	✗
Police records (viz. First Information Report, Panchnam, Inquest 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.	✓	✓	✓	✓
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)				

**NOTE**

- Any copy of records submitted must be attested as seen and verified with the originals by the Master Policyholder.
- English translation of vernacular documents is mandatory.
- IRDAI circular no. IRDA/F&A/CIR/GLD/056/02/2014 mandates that all claim and maturity payments or any other sum, due to the policyholders, shall be made only through electronic modes of payment. Please submit duly filled NEFT mandate form, along with necessary documents, at your nearest HDFC Life branch.

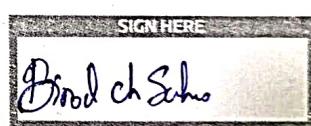
**Section VI - Consent to receive communication from HDFC Life**

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: 2-2-21

Place: \_\_\_\_\_

**SIGN HERE**  


Signature of the Claimant