

# Statement of Death Claim (for Natural Calamities / Bomb Blast)

For Official Use Only

Date of Receipt:

Time of Receipt:

Received By:



Policy Number: \_\_\_\_\_

Name of the Deceased: \_\_\_\_\_

**IMPORTANT:**

The Death benefits under the above policy/s will be payable to the person legally entitled ("Claimant"). The person completing this form must be Claimant. If the Claimant is minor, the guardian/appointee may fill the form.

**NOTE:** Any change in ink or overwriting should be counter signed by the person or authority filling the form. Furnishing of this claim form is not to be construed as an admission of liabilities or waiver of any right by HDFC Life Insurance Company Limited. No agent has been or is authorised to admit any liabilities on behalf of HDFC Life.

**Section I - Information regarding the Claimant, please fill in block letters only**

Claimant Name: \_\_\_\_\_ Date of Birth: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Address: \_\_\_\_\_

Contact No.\* Off: \_\_\_\_\_ / Res: \_\_\_\_\_ / Mob: \_\_\_\_\_ (Mobile Number is Preferable)

Email ID\*: \_\_\_\_\_ Relationship with the Life Assured: \_\_\_\_\_

Whether  Nominee  Assignee  Holder of legal evidence of title

PAN Number 

--	--	--	--	--	--	--	--	--	--

 Form 60  Form 61



\* Contact details provided herein will be updated for all future communications. For customers registered under National Do Not Call Registry, this will be considered as consent to communicate with him/her on the contact details provided herein. Claimant's ID & Address proof along with PAN card needs to be submitted. In case Policyholder/Nominee/Claimant does not have PAN Card, then please submit Form 60/61.

**NEFT Mandate**

**In case of children's plans, if beneficiary is a major, please provide beneficiary's account details.**

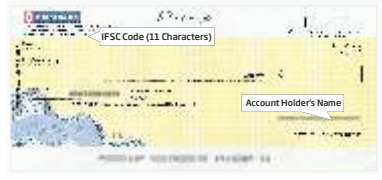
Bank Account No.: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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 Code^: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 ^11 character code appearing on your cheque leaf

**NOTE:**

- A cancelled personalised cheque with account no. and IFSC code should be submitted along with this NEFT Mandate. Where the cheque is not personalised, a latest bank statement or copy of passbook (where account number and IFSC code 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 a fresh NEFT mandate is received. We will inform you about 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:**

1. 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 or any of its associates/agents responsible.
2. I/We further undertake to refund any excess amount whether demanded by HDFC Life or not, which has been credited in excess to my account at any time due to any reason.

Date: DD/MM/YYYY

**SIGN HERE**  
[Signature Box]

Signature of Account Holder

Date: DD/MM/YYYY

**SIGN HERE**  
[Signature Box]

Signature of Policyholder  
(If policyholder is different from account holder)

**Section II - (Information regarding the Deceased)**

Place of Death: \_\_\_\_\_ Date of Death: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Time of Death: \_\_\_\_\_

Cause of Death: Bomb Blast  Natural Calamity  Please mention type of calamity: \_\_\_\_\_

Last Residential Address: \_\_\_\_\_

Name of the Employer: \_\_\_\_\_

Contact person at employer location: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Name of a relative: \_\_\_\_\_ Relationship to the deceased: \_\_\_\_\_

Relative's Contact No.: \_\_\_\_\_ (Mobile No. is preferable)

**Section III - Details regarding Police Investigation**

Name and contact number of investigating officer	
Name and address of police station where incident reported	
Name, address and contact no. of hospital where post mortem was conducted	

**Section IV - Advance Discharge Voucher and Authorisation**

I/We, the above mentioned Claimant(s) acknowledge and declare the receipt of the entire amount due and payable under the above mentioned policy towards the full and final settlement of the claim. I/We declare that HDFC Life is discharge of all its liabilities under the said policy.

Signature of Claimant 1: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

₹ 1/-  
Revenue Stamp

**(Note: The declaration below is to be completed where there is more than one Claimant)**

Please sign across the revenue stamp

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

Signature of Claimant 2: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

₹ 1/-  
Revenue Stamp

Please sign across the revenue stamp

**Section V - Witness Attestation /Declaration**

Name of the Declarant: \_\_\_\_\_ Designation: \_\_\_\_\_

Contact No.: \_\_\_\_\_ Mobile \_\_\_\_\_ (Mobile No. is preferable)

Address: \_\_\_\_\_

Witness can be an advocate, Bank Manager, Block Development Officer, Commissioner of Oath/Notary, Doctor, Gazette Officer, Head Master of a high school, Head Post Master or Departmental Sub-Post Master, Magistrate or President of a village or local body.  
**Declaration to be made by the Third person where the 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.

Contact Number: \_\_\_\_\_ Signature: \_\_\_\_\_ Place: \_\_\_\_\_ Date: \_\_\_\_\_

**List of Documents**

1. Death Claim Form  2. Death Certificate issued by Municipal Corporation  3. Original Policy Document  4. Beneficiary's Residence and Photo Identity Proof

\*Depending on the circumstances of the death, further documents may be called for as we deem fit.

**NOTE**

With reference to recent regulatory changes, please submit PAN or Form 60 (if you do not have a PAN) with HDFC Life with immediate effect. Please update via My Account/service@hdfclife.com/18602679999/HDFC Life branch. Ignore if submitted.

**HDFC Life Insurance Company Limited [Formerly HDFC Standard Life Insurance Company Limited] (HDFC Life).** CIN: L65110MH2000PLC128245. IRDAI Registration No. 101. Regd. Off: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

**List of valid Identity & Address Proofs (Please tick the document submitted)****Photo Identify Proof (any one)**

- PAN  Valid passport  Voter ID Card  Aadhar Card\*  
 Valid Driving License  
 Bank Passbook with stamped photograph (not more than 6 months old)  
 ID Card Issued by Central/State Govt. to employees  
 Any other Central/State Govt. issued ID

**Address Proof (any one)**

- Valid passport  
 Voter ID Card  
 Aadhar Card\*  
 Valid Driving License  
 Bank Passbook with stamped photograph (not more than 6 months old)

\*I voluntarily provide my consent to use my Aadhaar to conduct identity check towards KYC compliance by HDFC Life

**Customer Acknowledgement Copy**

Policy No.: \_\_\_\_\_ Policyholder Name: \_\_\_\_\_ Interaction ID: \_\_\_\_\_

Documents submitted: \_\_\_\_\_

Customer Relations Officer: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Claim Contact Points**

**HDFC Life Insurance Company Limited [Formerly HDFC Standard Life Insurance Company Limited] (HDFC Life).**  
 11<sup>th</sup> Floor, Lodha Excelus, Apollo Mills, Compound, N.M. Joshi Road, Mahalaxmi, Mumbai - 400011



Customer Help Line Number 1860-267-9999  
 (Local charges apply) Available Mon-Sat from 10 am to 7 pm  
 DO NOT prefix any country code e.g. +91 or 00.



**Email us:**  
 Claims@hdfclife.com