

GTI Claim Form

Sar utha ke jyo!

Personal Details

Master Policy No.: _____ Member No.: _____

Master Policyholder Name: _____

Member Number: _____ Employee ID: _____ 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			
Name			
Gender			
Date of Birth	(DD/MM/YYYY)	(DD/MM/YYYY)	(DD/MM/YYYY)
Address			
Contact No.			
Email ID			
Relationship with Member			
NEFT Details			
Bank Name			
Type of Bank Account	<input type="checkbox"/> Saving <input type="checkbox"/> Current	<input type="checkbox"/> Saving <input type="checkbox"/> Current	<input type="checkbox"/> Saving <input type="checkbox"/> Current
Bank Account Number			
Branch Name & Address			
MICR Code			
IFSC^			
Percentage of claim payout ratio (total should be 100%)			

^11 digit alphanumeric code appearing on your cheque leaf

Section - II (Information regarding the Member)**For Death Claim**

A Date of Death: (DD/MM/YYYY) _____ Date of Death: (DD/MM/YYYY) _____ Place of Death: _____

Exact/Immediate Cause of Death: _____

B Date of Birth of Member: (DD/MM/YYYY) _____ Duration of Last Illness: _____ Date of Last Working Day: (DD/MM/YYYY) _____

For Critical Illness:

Type of Illness: _____

Date of Diagnosis: (DD/MM/YYYY) _____

Details of Doctors/Hospital/Clinic Certifying Death

Name of Doctor	Name & Address of Clinic/Hospital	Contact No.

Details of Medical Consultant

Name of Doctor	Name & Address of Clinic/Hospital	Contact No.	Date of Consultation	Reasons for Consultation

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, Panchnama, 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.	✓	✓	✓	✓

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: _____ (DD/MM/YYYY)

Place: _____

SIGN HERE

Signature of the Claimant

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.

For queries or more information, Call **1860-267-9999** (local charges apply). DO NOT prefix any country code e.g. +91 or 00. Available Mon-Sat from 10 am to 7 pm |

Email – service@hdfclife.com | nriservice@hdfclife.com (For NRI customers only) Visit – www.hdfclife.com