Group Claim Form - Non Employer Employee (MFI)

HDFC Life
Sar utha ke jiyo!

Personal Details

Policy No.: _____ Lending Institution/Master Policyholder Name: _____

Member Name: _____ Member No.: _____

Date of Birth: _____ (DD/MM/YYYY) _____ Certificate/Loan Account No.: _____

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

Cause of Death (Please tick): ☐ Heart Disease ☐ Kidney Disease ☐ Liver Disease ☐ Cancer ☐ Accidental ☐ Suicide ☐ Natural

Section I - Information regarding the Claimant

Full Name: _____ Gender: _____

Address: _____ Pin Code: _____

Relationship with Member: _____ Contact No.: _____ Email ID: _____

NEFT Details: Bank Name: _____ Branch: _____

Bank Account No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ IFSC ^: ☐☐☐☐☐☐☐☐☐☐☐ (^11 digit alphanumeric code appearing on your cheque leaf)

Section II - Advance Discharge Voucher and Declaration of Claimant

I/We, the Claimant(s), hereby acknowledge and declare receipt of the entire 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 hereby confirm that the particulars mentioned here are true, correct and complete in all aspects.

Date: _____ (DD/MM/YYYY)

Place: _____

SIGN HERE

Signature of the Claimant(s)

Revenue Stamp

Section III - 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.

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 life to be assured in _____ language and have truthfully recorded the answers provided to me. I further declare that the life to be assured has signed/affixed his/her thumb impression in my presence.

Declarant Name: _____

Date: _____ (DD/MM/YYYY) Place: _____

SIGN HERE

Signature of the Third Person

Section IV - 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

Section V - Declaration by the Master Policyholder

a) Sum Assured for which the member of the Group Insurance Policy was insured	INR
b) Original Amount of Loan	INR
c) Particulars of the recoveries made by the Master Policyholder towards the Loan	INR
d) Outstanding Loan Balance as on the date of happening on the contingent event covered. (Amount Payable to Master Policyholder)	INR
e) Balance Claim Amount *(Amount Payable to nominee)	INR

I/We hereby direct HDFC Life to credit to my/our account for the amount* given above in favour of the Claimant under the 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 mentioned here are true, correct and complete in all aspects. I/We hereby declare that the member mentioned above whose Death Certificate and First Information Report (FIR in case of an accidental death) is enclosed was the person included in the policy under the said Member Number. 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 member mentioned above.

I/We hereby declare that the information/details furnished in the CREDIT ACCOUNT STATEMENT above are true, correct and complete in all aspects.

Date: _____ (DD/MM/YYYY)

Place: _____

SIGN HERE

Company Seal and signature of the Master Policyholder

Revenue Stamp

*Difference between the sum assured referred under (a) above and Outstanding Loan Balance referred under (d) above, payable to the Nominee/Beneficiary of the deceased member in case of death claims.