

**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			
<b>NEFT Details</b>			
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

**Section III - Employee Details**

- Date of joining the company by member:           (DD/MM/YYYY)
- What is the exact nature of employment/job title: \_\_\_\_\_
- 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:           (DD/MM/YYYY)            
 Place: \_\_\_\_\_  
  
 Signature of Claimant 1

Date:           (DD/MM/YYYY)            
 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:           (DD/MM/YYYY)            
 Place: \_\_\_\_\_  
  
 Signature of the Policyholder

**Section V (Declaration)**

**Declaration of Claimant**

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.

Date:           (DD/MM/YYYY)            
 Place: \_\_\_\_\_  
  
 Signature of Claimant 1

Date:           (DD/MM/YYYY)            
 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)            
 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, 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: \_\_\_\_\_



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 |

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