

**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) \_\_\_\_\_ 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.	✓	✓	✓	✓
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: \_\_\_\_\_ (DD/MM/YYYY)

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

SIGN HERE

Signature of the Claimant