



CLS000101



**Canara HSBC Oriental Bank of Commerce Life Insurance Co. Ltd.**  
 Unitech Trade Centre, 2nd Floor, Sushant Lok, Phase-1, Sector-43, Gurgaon, Haryana, India – 122009

**Death Claim Claimant's Statement (Form –C)**

Important Information:

- 1) To be filled in by the person who is legally entitled to the policy monies
- 2) Submission of this form should not be construed as acceptance of the claim
- 3) Please submit this form and the requirements at the nearest branch/hub or at the address as indicated

**Policy no(s)** \_\_\_\_\_ **Claimed Amount** \_\_\_\_\_

**A. Details of the Deceased**

Name \_\_\_\_\_ Age at Death   years  
 Residential Address \_\_\_\_\_  
 Occupation \_\_\_\_\_ Annual Income (p.a.) \_\_\_\_\_ INR  
 Name of the employer (if salaried) \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ Contact no. \_\_\_\_\_  
 Date on which deceased last attended his/her usual work   /   /

**B. Details of the Claimant** (In case of more than one claimant, please attach additional sheet )

Name(s) \_\_\_\_\_ Relation to the life assured \_\_\_\_\_  
 Date of Birth   /   /   Mailing Address \_\_\_\_\_  
 \_\_\_\_\_ Telephone \_\_\_\_\_ Mobile \_\_\_\_\_  
 E-mail ID \_\_\_\_\_ Bank a/c no. **(Mandatory)** \_\_\_\_\_  
 Name of the Bank \_\_\_\_\_  
 Please enclose a copy of the photo ID proof (please tick whichever is submitted)  
 Passport  Driving License  Voter's ID card  PAN card  Company ID card  
 Other, please specify \_\_\_\_\_

**C. Particulars of the Claim**

Date of Death   /   /   Time of Death  :  (a.m.  / p.m.  Place of Death \_\_\_\_\_  
 Cause of Death \_\_\_\_\_ Duration of last illness \_\_\_\_\_  
 Details on the circumstances of the life assured's death (Please attach a separate sheet)  
 \_\_\_\_\_  
 Date of cremation/burial   /   /   Place of cremation/burial \_\_\_\_\_  
 If death has occurred abroad, please attach a separate sheet with following details: Details of Passport (number, date of issue); Date of the deceased insured last leaving India; Details of when and how the body was transported back to India, if applicable.

When did the deceased life assured first complain of not in good health? \_\_\_\_\_  
 Where and from where did the life assured take treatment for this \_\_\_\_\_  
 Nature of Illness then complained \_\_\_\_\_  
 Name & Address of the doctor/s who were consulted during the last illness and the doctor who had declared the death \_\_\_\_\_  
 \_\_\_\_\_ Doctor's Contact no. \_\_\_\_\_

Name of Police station where death was recorded \_\_\_\_\_  
 Date of FIR   /   /   FIR no. \_\_\_\_\_ Date of Post-mortem   /   /    
 Post-mortem no. \_\_\_\_\_ If death is due to accident:  
 Date of accident   /   /  ; Time of accident  :  (a.m.  / p.m. ; Place of accident \_\_\_\_\_  
 Short description of how the accident occurred (please attach separate sheet)



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**D. Name and addresses of all the doctors and usual doctor consulted by the deceased for any illness during the last 5 years**

| S. no. | Name & Address of the doctor with Contact no. | Date of consultation | Diagnosis | Treatment Details |
|--------|---|----------------------|-----------|-------------------|
|        |   |                      |           |                   |
|        |   |                      |           |                   |
|        |   |                      |           |                   |

**E. Details of Other Life Insurance and Mediclaim policies on the life of the deceased:**

| S. no. | Policy no. | Name of Company | Policy Date | Basic Sum Assured (Rs.) | Rider Benefit amount (Rs.) | Claim Status |
|--------|------------|-----------------|-------------|-------------------------|----------------------------|--------------|
|        |            |                 |             |                         |                            |              |
|        |            |                 |             |                         |                            |              |
|        |            |                 |             |                         |                            |              |

**Declaration and Authorization:**

I/We do hereby declare that the statement made hereinabove is true in each and every respect, and furnishing of this form or any other supplemental thereto or any acts of enquiry by the Company shall not constitute an admission by the Company that there was an assurance in force on the life in question nor a waiver of any rights or defences.

Notwithstanding the provisions of any law, usage, custom or convention for the time being in force prohibiting the furnishing the secret information obtained during the medical treatment/ investigation of life assured, I/We hereby authorize the Physician or Hospital or Police authorities or Governmental agency or employer or any other institute/persons to provide to Canara HSBC Oriental Bank of Commerce Life Insurance Company Ltd, or its offices or legal advisers or Court of Law or any investigative agency acting on its behalf, information regarding the deceased's state of health, employment, finances or insurance, advice, treatment provided to the deceased or involvement of the deceased in any activity against law, any information that may be required concerning the health of the deceased including information relating to mental illness, use of drugs, use of alcohol, HIV(AIDS Virus) and /or sexually transmitted diseases. A Photostat copy of this authorization shall be considered as effective and valid as the original.

\_\_\_\_\_  
Signature/left hand thumb impression  
(If illiterate) of Claimant 1

Name \_\_\_\_\_

Address \_\_\_\_\_

Date    □□/□□/□□□□

\_\_\_\_\_  
Signature/left hand thumb impression of  
(If illiterate) of Claimant 2

Name \_\_\_\_\_

Address \_\_\_\_\_

Date    □□/□□/□□□□

Signature of Witness (**Mandatory**) \_\_\_\_\_ Date □□/□□/□□□□

Name \_\_\_\_\_ Address \_\_\_\_\_

Employment details from the list below \_\_\_\_\_

**(This form must be witnessed by any one of the following: (1) An agent of the Company, (2) A Relationship Manager of the Company, (3) A Branch Manager of the distributing bank, (4) A Bank Manager of a Nationalized bank with Rubber Stamp, (5) A Gazetted Officer, (6) A Head Master / Principal of a Govt. School, (7) A Magistrate (8) Any employee of the Company.)**

**Declaration in case of an illiterate claimant/s** should be made by a person who is unconnected to the company and whose identity can be easily established:

“ I hereby declare that the contents of this form are explained by me in \_\_\_\_\_ language understood by the claimant and that he/she has/have affixed his/her thumb impression to this form after fully understanding the contents thereof ” \_\_\_\_\_ (Signature of the Witness)

Name \_\_\_\_\_ Address \_\_\_\_\_ Contact \_\_\_\_\_



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**Requirements to be submitted along with this form\*:**

|  |  |
|--|--|
| For Nil Death Benefit plans/ Paid-up policies/ Pure pension plans  |  |
| 1. Original Policy Bond  |  |
| 2. Original Death Certificate issued by Municipal Authorities  |  |
| Additional requirements for all other plans  |  |
| 3. Post-mortem report (if conducted)   |  |
| 4. Physician’s Statement   |  |
| 5. Hospital Certificate  |  |
| 6. Photo ID & address proof of the claimant  |  |
| 7. Medical records from Hospitals & Doctors for the last 5 years (Discharge summary, admission notes, test reports, medical prescriptions etc) |  |
| 8. Employer Certificate with Leave records for last 5 years  |  |
| Additional requirements in case of death due to unnatural reasons (like Accident, Suicide, Murder, Sudden/Mysterious Death etc.)               |  |
| 8. First Information Report (FIR)  |  |
| 9. Panchnama, Police Investigation report, Police Final Report   |  |
| 10. Post-mortem report and Toxicology/ viscera report, if available  |  |
| 11. Newspaper Clippings, if available  |  |
| 12. Copy of Driving license if Life assured was driving at the time of accident (only in case of accident death claims )                       |  |

\* Company reserves the right to call for any additional requirements