



CLS000101



LIFE INSURANCE

INDIVIDUAL DEATH CLAIM FORM

For Official Use Only

Branch Name: _____ Branch Code: _____
Interaction ID: _____
Employee Name: _____
Employee Code: _____ Sign: _____
Date: DDMMYY Time: ☐ On or Before 3PM ☐ After 3PM

Photograph
of Claimant

SECTION A*

POLICY DETAILS

Policy Number(s): _____

SECTION B*

DETAILS OF LIFE ASSURED (LA)

Name of Life Assured: ☐ Mr. ☐ Ms. FIRST MIDDLE LASTFather's Name: FIRST MIDDLE LASTDate of Death DDMMYYPlace of Death ☐ Hospital ☐ Clinic ☐ Residence ☐ Office ☐ Other (Please specify) _____

Family Doctor: Name _____ Registration No _____ Contact No _____

Last treated/attended Doctor: Name _____ Registration No _____ Contact No _____

Last Employer details (If applicable):

Name of the Company _____ Name of contact person _____ Contact No _____

Nature of Death ☐ Medical ☐ Natural ☐ Accident ☐ Murder ☐ Suicide

Cause of Death _____

Nature of Illness and Habit of the insured

Date of diagnosis of illness

☐ Hypertension ☐ Diabetes ☐ Heart disease ☐ Liver disease☐ Kidney disease ☐ Cancer ☐ Other _____☐ Smoking ☐ Tobacco ☐ Drugs If yes, Duration of Consumption _____ & Quantity Consumed



Policy No.	Company Name	Sum Assured	Status (Active/Lapsed/Applied/Matured)

Claimant Name: ☐ Mr. ☐ Ms. F I R S T M I D D L E L A S T

Date of Birth: D D M M Y Y Y Y

Address: FIRST LAST

Pincode:

Contact No.: O F F I C E R E S I D E N C E M O B I L E

Office & / or Personal Email ID: _____

Relation with the Life Assured: ☐ Spouse ☐ Children ☐ Parents ☐ Others _____ S P E C I F Y _____

Claimant's Title: ☐ Nominee ☐ Executor ☐ Trustee ☐ Appointee ☐ Employer ☐ Assignee ☐ Beneficiary

[illegible]

Politically exposed person: ☐ Yes ☐ No

US Person: ☐ Yes ☐ No (If Yes, please fill FATCA / CRS certification)

In case of children's plans, if beneficiary is a minor, please provide beneficiary's account details

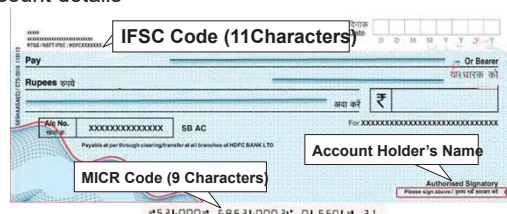
Bank Account No. : _____

Account Holder Name: _____

Bank Name & Branch: _____

Account Type ☐ Savings ☐ Current ☐ NRO ☐ NRE

IFSC: MICR:



Mandatory for Pension Plans. Please indicate how you would like to receive the benefits

☐ Entire amount as lumpsum ☐ Entire amount as Annuity ☐ Part as annuity Part as Lumpsum ☐ As Installments

Blank space for companies to input product specific payout methods



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SECTION C***DECLARATION AND AUTHORISATION**

- I here declare all the details filled/furnished above are true correct to the best of my knowledge & belief.
- I hereby warrant the truth and correctness of the foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppress or conceal any material fact, my right to claim reimbursement of the said expenses shall be absolutely forfeited.
- I understand and agree that the submission of this form does not mean that the request will be processed.
- I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions.
- Any payment shall be subject to realization of the last renewal premium payment.
- I authorise all the medical establishments (medical labs included), government institutions (police, revenue, etc.) to reveal the treatment information including HIV/AIDS and others, related to the LA, to Canara HSBC Life Insurance Company Limited from both the past and present.
- A photo copy of this declaration shall be considered as valid and effective.
- I authorise Canara HSBC Life Insurance Company Limited Life to share and obtain information on behalf of me with any reinsurer, insurance association, medical authorities, other insurers, statutory authorities, employer, court, governmental body, regulator using an investigation agency or other service hereby provide my consent for the same.

DECLARATION TO BE MADE BY A THIRD PERSON

The Policyholder has affixed his/her thumb impression/has signed in vernacular/has not filled the application. I hereby declare that the content of this application form has been explained to the Policyholder in _____ language and have truthfully recorded the answers provided to me. I further declare that the Policyholder has signed/affixed his/her thumb impression in my presence.

Name of the Declarant: _____

Address: _____

Date: D D M M Y Y Y Y

Place: _____

SIGN HERE

Signature of Claimant

Important Note: In case of any demand or favour asked by anyone including a company representative towards claim processing or settlement, the same should not be entertained and must be reported to the company immediately on the company's email id: claims.unit@canarahsbclife.in



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INSTRUCTION FOR FILLING UP THE FORM**A. IMPORTANT INFORMATION (Please read before filling the form)**

1. The form should be filled by the claimant only. In case the claimant is a minor, the guardian/appointee may fill the form
2. Claims under multiple policies may be registered by filling a single form & providing all applicable policy numbers
3. In case of more than one claimant, separate forms need to be filled for each claimant
4. Please read the declarations carefully and the claimant should sign the claim form in the same manner as you normally sign your cheque
5. Claim is payable subject to fulfillment of all terms and conditions of the policy
6. No fee or commission should be paid to anyone to process this claim
7. Make sure your address, phone numbers and email ID are current and active as the correspondence will happen through this only
8. Asterisk (*) refers to mandatory information

B. DOCUMENTS TO BE SUBMITTED**MANDATORY DOCUMENTS**

- (1) Original policy document (Not necessary in case of dematerialised policy document) (2) Death certificate issued by local authority
(3) Claimant's PAN CARD (4) Claimant's passport size photograph (5) Cancelled cheque

ADDITIONAL DOCUMENTS

HOSPITALISATION/ DEATH DUE TO ILLNESS (1) Medical cause of death certificate (2) Medical records for all the treatments taken in the past. (Admission notes, History / Progress sheet, Discharge / Death summary, Test reports, etc.) (3) Claimant's passport size photograph (5) Cancelled cheque

ACCIDENTAL DEATH (1) First Information Report (FIR), Panchnama / Inquest report, Post-mortem report (PMR), Driving license, Police Final Report, Viscera report (if applicable) Newspaper cutting (s), if any, Others as applicable

Disclaimers: 1. Copies to be submitted and originals to be presented at the time claim submission,
2. Canara HSBC Life Insurance Company Limited reserves the right to ask for more information/ documents, if required

C. LIST OF VALID IDENTITY & ADDRESS PROOFS (Please tick the document submitted)**PHOTO IDENTIFY PROOF (ANY ONE)**

- | | | |
|---|--|--|
| <input type="checkbox"/> Claimant's PAN CARD | <input type="checkbox"/> Valid Passport | <input type="checkbox"/> Voter ID Card |
| <input type="checkbox"/> Aadhar Card* | <input type="checkbox"/> Valid Driving License | |
| <input type="checkbox"/> Bank Passbook with stamped photograph (not more than 6 months old) | | |
| <input type="checkbox"/> ID Card Issued by Central/State Govt. to employees | | |
| <input type="checkbox"/> Any other Central/State Govt. issued ID | | |

ADDRESS PROOF (ANY ONE)

- | |
|---|
| <input type="checkbox"/> Valid Passport |
| <input type="checkbox"/> Voter ID Card |
| <input type="checkbox"/> Aadhar Card* |
| <input type="checkbox"/> Valid Driving License |
| <input type="checkbox"/> Bank Passbook with stamped photograph (not more than 6 months old) |

*I voluntarily provide my consent to use my Aadhar to conduct identity check towards KYC compliance by Canara HSBC Life Insurance Company Limited



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D. NOTE: CLAIMANT NEFT MANDATE/ BANK ACCOUNT DETAILS

- A cancelled personalised cheque with the account no. and IFSC should be submitted along with the NEFT mandate. If the cheque is not personalised, a latest bank statement or copy of passbook (where account number and IFSC is mentioned) needs to be submitted with the mandate.
- This mandate, upon processing, will override any of the previously tagged NEFT mandates for all policies, held by the client with Canara HSBC Life Insurance Company Limited Life.
- In case of NEFT failure or any further requirements pending on the mandate, payout will be kept on hold till fresh NEFT mandate is received. Intimation will be sent to you for the same.

#Refund to NRE account (full or proportionate) will be subject to ratio of premium(s) paid through NRE Account. Please submit a Bank Statement or Bank Confirmation letter as an evidence for premium(s) paid through NRE account.

##In case of proportionate payout, please provide two NEFT mandates i.e. for NRE account and non-NRE account.

Canara HSBC Life Insurance Company Limited

(formerly known as Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited) **IRDAI Regn. No. 136**

Head Office Address: 139 P, Sector 44, Gurugram – 122003, Haryana, India

Registered Office Address: 8th Floor, Unit No. 808 - 814, Ambadeep Building, Plot No.14, Kasturba Gandhi Marg, New Delhi - 110001

Corporate Identity No: U66010DL2007PLC248825

☎ Call us at 1800-103-0003/1800-180-0003/1800-891-0003

✉ SMS at 7039004411

✉ E-mail us at customerservice@canarahsbclife.in

👉 Visit our website at www.canarahsbclife.com

BEWARE OF SPURIOUS / FRAUD PHONE CALLS: IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

CUSTOMER ACKNOWLEDGEMENT COPY-INDIVIDUAL DEATH CLAIM FORM

Policy No.	_____	Claimant Name	_____
Branch Name / Interaction ID	_____	Claimant Client ID	_____
Employee Name	_____	Date	_____
Employee Sign	_____	Employee Code	_____

Branch Stamp

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