

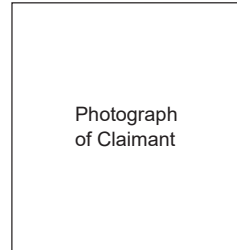


CLS000101

INDIVIDUAL DEATH CLAIM FORM

For Official Use Only

Branch Name: \_\_\_\_\_ Branch Code: \_\_\_\_\_
Interaction ID: \_\_\_\_\_
Employee Name: \_\_\_\_\_
Employee Code: \_\_\_\_\_ Sign: \_\_\_\_\_
Date: DDMMYYYY Time: [ ] On or Before 3PM [ ] After 3PM



SECTION A\*

POLICY DETAILS

Policy Number(s): \_\_\_\_\_

SECTION B\*

DETAILS OF LIFE ASSURED (LA)

Name of Life Assured: [ ] Mr. [ ] Ms. F I R S T M I D D L E L A S T

Father's Name: F I R S T M I D D L E L A S T

Date of Death DDMMYYYY

Place 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

- [ ] Hypertension [ ] Diabetes [ ] Heart disease [ ] Liver disease
[ ] Kidney disease [ ] Cancer [ ] Other \_\_\_\_\_
[ ] Smoking [ ] Tobacco [ ] Drugs If yes, Duration of Consumption \_\_\_\_\_ & Quantity Consumed

Date of diagnosis of illness

[ ]





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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 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:                                        

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)

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

#### ADDRESS PROOF (ANY ONE)

- Valid Passport  
 Voter ID Card  
 Aadhar Card\*  
 Valid Driving License  
 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.
- 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**

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

**Registered Office Address:** Unit No. 208, 2nd Floor, Kanchenjunga Building, 18 Barakhamba Road, New Delhi - 110001

**Corporate Identity No:** U66010DL2007PLC248825

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

✉ SMS at 09779030003

✉ 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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