



CLS000101



Life Insurance

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 above

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 _____
 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. Bank Details of the Claimant (MANDATORY)

Bank Account No. _____ Type of Account: Saving Current Other
 IFS Code _____
 Bank Name and Address _____
Note- Kindly attach a copy of **cancelled cheque** bearing account number and claimant name or **Copy of Bank Passbook**.

D. 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. _____



CL5000101



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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)

E. 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

F. 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 Canara HSBC Oriental Bank of Commerce Life Insurance Company Ltd (hereafter refer to as '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 defenses.

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 The Company 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. I also authorize insurer for direct / electronic transfer of money in my above mentioned bank account. The Company shall not be held responsible in case of non credit of your bank account with/without assigning any reasons thereof or if the transaction is delayed or not effected at all for reasons of incomplete/incorrect information. Further, The Company reserves the right to use any alternative payout option including demand draft/ payable at par cheque if direct credit cannot be executed. Credit will be effected based solely on the claimant account number information provided by the claimant and the claimant name particulars will not be used thereof.

 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 _____



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(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 _____

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	
3. Photo ID & address proof of the claimant	
4. Copy of Bank Passbook/cancel cheque	
Additional requirements for all other plans	
5. Physician's Statement	
6. Hospital Certificate	
7. Medical records from Hospitals & Doctors for the last 5 years (Discharge summary, admission notes, test reports, medical prescriptions etc)	
8. Post Mortem (if conducted)	
9. 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.)	
10. First Information Report (FIR)	
11. Panchnama, Police Investigation report, Police Final Report	
12. Post-mortem report and Toxicology/ viscera report, if available	
13. Newspaper Clippings, if available	
14. 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