

Himachal Pradesh State Disaster Management Authority (HPSDMA)
Government of Himachal Pradesh
CLAIM FORM

(For Ex-Gratia Assistance to next of kin of the Deceased by COVID-19)

1. Details of Deceased Person who died due to COVID-19

- a) Full name (Ms./Mr.)
- b) Father's name
- c) Age at last birthday
- d) Sex
- e) Address
- f) Profession/occupation

2. Death Details:

- a) Date and Time of Death:
- b) Date of Laboratory diagnosis of COVID19

3. Details of COVID-19 infection:

4. Details of legal heirs of the deceased:

5. Bank details of legal heirs:

5.1	Name of the Legal Heir		
5.2	Relationship with the Deceased		
5.3	Bank Name		
5.4	Branch and address		
5.5	Bank Account No.		
5.6	Bank Account Type		
5.7	IFSC Code		
5.8	MICR Code		

Declaration:

I, _____, hereby declare that the foregoing statements are true in all respect and that I, the claimant, have not attempted to conceal from the Himachal Pradesh Government anything which it ought to be made acquainted. I, agree that if I have made, or in any further declaration the HP Government may require, shall make any false or fraudulent statement or any suppression, concealment or untrue averment whatever, the claim shall be void and my right to compensation forfeited and am willing, if required to make a Statutory Declaration before a Justice of the Peace of the truth of the whole of the foregoing statement or any other statement I, may make a connection with this claim.

	Claimant	Witness
Name:		
Address:		
Contact number:		
Date:		
Signature:		

Place and Date:

Signature of the Claimant

Terms & Conditions:

Following documents along with Claim Form are required: -

- I. Identity proof of Deceased (Certified copy)
- II. Identity proof of the Claimant (Certified copy)
- III. Proof of relationship between the Deceased and the Claimant (Certified copy)
- IV. Laboratory Report certifying having tested Positive for COVID-19 (in Original or Certified copy)
- V. Death summary by the Hospital where death occurred (in case death occurred in hospital) (Certified copy).
- VI. Death Certificate (in Original)
- VII. Legal Heirs Certificate

Guiding Principles for this assistance: -

- a) COVID-19 cases, for the purpose of this claim, are those which are diagnosed through a positive RT-PCR/Molecular Tests/RAT or clinically determined through investigations in a hospital/in-patient facility by a treating physician, while admitted in the hospital/in-patient facility.
- b) Deaths occurring due to poisoning, suicide, homicide, deaths due to accident etc. will not be considered as COVID-19 deaths even if COVID-19 is an accompanying condition.
- c) **For more details and guidelines for this *ex-gratia*, kindly visit www.hpsdma.nic.in.**