

DEATH CLAIM INTIMATION

(Format AA)

Date:

To

ICICI Prudential Life Insurance Company Ltd.

Mumbai.

Notification of death claim for policy number _____

Details	Filled by the Claimant
Name of Life Assured	
Name of claimant	
Address of the Claimant	
Relationship with the Life Assured	
Date of death	
Place of death	
Time of death	
Cause of death	
Events that led to the death	
Age of the life assured at the time of death	
Name & Address of the Police Station where the FIR was lodged (if applicable)	
Name & Address of the hospital where Post Mortem was performed (if applicable)	
Policy number(s) under which the death claim is made	

Signature of claimant _____ Date: _____ Place: _____