



INTIMATION - CUM - CLAIMANT & REFERRAL AGENCY STATEMENT

(Format AC: Death Claim for Rural/ Social Plan)

Note : Please fill in the details wherever applicable. If not applicable, please write N.A. in the respective columns

1. Details of the Life Assured:

Application No: _____

i.	Name	
ii.	Address	Block No: _____ House No: _____ Village: _____ District: _____ State: _____
iii.	Age at death	
iv.	Date & time of death	
v.	Place of death (Hospital/ Residence/ Fields/ any other, please specify)	
vi.	Cause of death	
vii.	Name, address & telephone no. of the doctor who declared the death of the Life Assured	
viii.	Nature & duration of the symptoms experienced by the Life Assured before death	
ix.	If Life Assured was female, was she pregnant at the time of death or died of any complication during pregnancy	If Yes, Pls mention the duration of Pregnancy at the time of death: _____
x.	If Admitted in hospital, please provide the details	Name of the Hospital: _____ Address: _____ Tel No.: _____ Date of Admission: _____ Duration of hospitalization: _____

FOR ACCIDENTAL DEATH

xi.	Date & time of the accident	
xii.	How did the accident occur?	
xiii.	Name & address of Police Station where FIR has been lodged	
xiv.	Is Postmortem done, if yes please attach the report	

2. Details of the Claimant:

i.	Name, address & telephone no.	
ii.	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
iii.	Date of Birth/ Age	
iv.	Relationship with the deceased Life Assured	

Advance Discharge Declaration

Note : ICICI Prudential Life Insurance Co. Ltd shall remit the amount stated herein to the claimant subject to the acceptance of this claim by the Company.

I/ We, _____ hereby declare that I/ We am/ are in receipt of the sum of Rs. _____ (Rupees _____ only) as a full and final discharge of all the liabilities of the Company under and in relation to the above-mentioned policy and that I/ We have no claims whatsoever on the Company there under.

One
Rupee
Revenue
Stamp

Signature/ Left Thumb Impression of Claimant

Date : _____

DECLARATION FOR SIGNING IN VERNACULAR LANGUAGE OR AFFIXING THUMB IMPRESSION:

I certify that I have read out the contents of this statement to Mr./ Mrs. _____ & he/ she has understood the same. I also certify that Mr./ Mrs. _____ has signed/ affixed his/ her thumb impression/ signature in vernacular language in my presence after I have explained the above contents to him/ her. I declare that whatever I have stated herein above is true & correct to the best of my knowledge & belief.

Signature of the witness: Name: _____
Address: _____

TO BE FILLED BY THE REFERRAL AGENCY:

Name and relationship (with the Life Assured) of all the persons who were contacted for seeking the claim information: _____

Remarks/ details as to circumstances of death: _____

Signature of the Authorized Signatory

Date & Place

Name & seal/ rubber-stamp of the Referral Agency

- Documents attached herewith: (Please tick below)
- Original policy & document
 - Death certificate
 - Doctor/ hospital certificate
 - Postmortem/ Medico Legal cause of death certificate
 - FIR/ Panchnama/ Witness statement
 - Past Medical records
 - Hospital records

ELECTRONIC PAYOUT METHODS



Please tick one of the options :

National Electronic Fund Transfer (NEFT) **Electronic Clearing System (ECS)** **Direct Credit (select banks)**

If none of the above options are selected, the default option will be Cheque. Please attach a cancelled copy of your cheque if any of the above payout option is selected.

Full Name of Account Holder

Full Name of the Bank

Branch

Account Type **Current** **Savings** Please select which ever is applicable

Bank Account No

MICR Code (Only mandatory for ECS mode) (9 digit code on your cheque next to cheque no.)

IFSC Code (Only mandatory for NEFT Mode) (You can get this code from your bank)

The payout mode selected in this form would be used by the Company to make all payout(s) to the Claimant. Payouts would be in accordance and subject to the terms and conditions of the policy.

I declare and state that the Company shall not be responsible for non credit of my bank account for any reason whatsoever or if the credit is delayed. I also understand and agree that the Company reserves the right to use any alternative payout option including a demand draft payable at par or cheque, in spite of my opting for the electronic payout method. I undertake to provide the IFSC code to the company. I understand that the IFSC code for RTGS and IFSC code for NEFT may be different.

I understand and agree that the submission of this Form does not mean or amount to the acceptance of the claim by the company. I further understand and agree that this form will be valid only in the event of the acceptance of the claim by the Company in my favour.

Signature of Claimant

National Electronic Fund Transfer (NEFT) is a fund transfer from one bank branch to another provided these bank-branches are participating in the network system. Indian Financial System Code (IFSC code) for NEFT will be available from the bank branch where you hold your account.

Electronic Clearing System (ECS) is a method of fund transfer where funds are processed through Clearing Houses created by RBI. MICR code can be obtained from the cheque leaf. The credit received will depend on the customer's ECS location.

Direct Credit is a method of fund transfer from one bank to another bank (destination bank) provided ICICI Prudential has a tie-up with the destination bank.

Please contact any of our touch points to know more about any of the Payout Modes mentioned above.