

Claim Statement Form - Affinity / Employer-Employee Group

(Please note: This form should be used only for Affinity / Employer-Employee Group policies)

POLICY DETAILS:

Master Policy number(s): _____ Master Policyholder: _____

Member Name: _____

Member ID: _____

Date of Death/ Event:

D	D	M	M	Y	Y	Y	Y
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Cause of Death: Accidental Non-Accidental Suicide Others Please specify _____

SECTION I - INFORMATION OF CLAIMANT/ NOMINEE:

Claimant / Nominee Name: _____

Address: _____

City: _____ State: _____ Pin Code:

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Contact details : Phone No:

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 Mob No:

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Email ID: _____ Relationship with Member: _____

CLAIMANT / NOMINEE ELECTRONIC PAYOUT OPTION

Bank Name: _____

Branch Name & Address: _____

Bank Account Number: _____

IFSC Code

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 MICR Code

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SECTION II AUTHORIZATION AND DECLARATION

I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions.
 I hereby declare that the particulars given in this form are true, correct and complete in all aspects and I take full responsibility of the genuineness and correctness of the details filled herein.
 If any transaction is delayed or not effected at all or for non-receipt of any payment on account of wrong/ incorrect/ incomplete information given by me in this form, I shall not hold the company responsible in any manner whatsoever.
 I hereby give my consent to ICICI Prudential Life Insurance Co Ltd and its representatives to obtain additional documents and/or information as is required to settle this claim and I request the relevant authorities to release the sought information to ICICI Prudential Life Insurance Co Ltd and its representatives.
 I hereby agree to indemnify ICICI Prudential against all liabilities that ICICI Prudential may incur on account of any claim being made by any other person on the basis of possession of the Policy document, Certificate of insurance or otherwise.

Date: DD/MM/YYYY Place: _____

x
Name & Signature of the Nominee / Claimant

SECTION III - DECLARATION BY THE MASTER POLICYHOLDER

Sum Assured for which the member of the Group Insurance Policy was insured	INR: _____
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Risk commencement date:

D	D	M	M	Y	Y	Y	Y
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The Insured member/ Nominee/ Beneficiary who had submitted the Claim Statement form is the same person who has been registered by the Master Policy holder as the Insured Member/ Nominee/ Beneficiary under the Group Master Policy.

Date: DD/MM/YYYY Place: _____

Office Seal & Designation

x
Name & Signature of the Master Policy Holder

LIST OF DOCUMENTS

Death claim:

1. Certificate of Insurance (COI)
2. Copy of death certificate issued by local authority
3. Claimants current address proof
4. Claimants photo identity proof
5. Claimants Cancelled cheque/ Copy of bank passbook*

*As per regulatory requirement, Insurers are required to pay all payout due to policyholders/ nominee/ assignee by directly crediting the money into their bank account.

Rider/ Living Benefits:

1. Copy of Certificate of Insurance (COI)
2. Definition Fulfillment Document (All Medical reports, case histories, investigation, reports, treatment papers, discharge summaries, precise diagnosis of the treatment for which a claim is made)
3. Cancelled Cheque for processing electronic payment
4. Current address proof and photo identity proof

ADDITIONAL DOCUMENTS:

Accidental Death- (Additional documents required in case of accidental death benefit)

1. Copy of FIR
2. Panchnama
3. Inquest report
4. Postmortem report
5. Driving Licence