

Group Gratuity Scheme - Claim Intimation Form



Policy Number: (dd / mm / yyyy) :

Name of the Trust:

Type of Claim: Death / Retirement / Resignation

Name of the member : First name Last name

Member ID :

Date of Birth : DD MM YYYY

Date of joining DD MM YYYY

Normal Retirement Date : DD MM YYYY

Last Working Day DD MM YYYY

Last Drawn Salary (Rs.) :

Nature of Disability _____

Completed years & month of service : years months

Additional Information in case of death claim:

Date and time of death : DD MM YYYY Hrs Min

Place of death (E.g. Address of hospital, City) : _____

Cause of claim : _____
(Please specify exact cause of death)

Details of leave taken one year prior to commencement of member's cover:

| From (Date) | To (Date) | Reasons for leave | Nature of illness (in case of medical leave) |
|-------------|-----------|-------------------|--|
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If leave has been taken on medical grounds copies of leave applications and medical certificates produced by the Member must be attached herewith.

Please provide the following details in case the death claim payout cheque has to be issued in favor of the beneficiary:

Full Name of the Beneficiary : First name Last name

Relationship with deceased member :

Details of the Appointee (who should be a major) where beneficiary is a minor

Full Name of the Appointee : First name Last name

Relationship of appointee with beneficiary :

Acceptance & Sign of Appointee _____

Documents required for processing death claim :

| Cause of claim | Document required |
|-------------------------------------|--|
| Non Accidental Death | <input type="checkbox"/> Copy of Death Certificate issued by local authority |
| Accidental Death / Murder / Suicide | <input type="checkbox"/> Copy of Post Mortem Report |
| | <input type="checkbox"/> Copy of FIR & |
| | <input type="checkbox"/> Copy of Death Certificate issued by local authority |

Details of Withdrawal of units

| Plan | Withdrawal (%) basis |
|--|----------------------|
| Group Short Term Debt Fund | |
| Group Debt Fund | |
| Group Balanced Fund | |
| Group Growth Fund | |
| Group Capital Guarantee Short Term Debt Fund | |

Payment Details:

Claim amount to be paid (Rs.) : _____

Specify Name of Payee : _____

We are aware that ICICI Prudential has a right to call for further information / documents

Advance Discharge Voucher:

We (name of the Trust) understand and agree that ICICI Prudential Life Insurance Company shall be discharged of all liabilities in relation to the above claim upon the payment of the Claim moneys in case of acceptance of the claim by the Company.

Please affix
Re. 1/-
revenue
stamp & sign
across the
stamp

Stamp of the Trust :

Signature of the authorized signatory

Name of the signatory: _____

Place : _____

Date :
DD MM YYYY

Instructions :

- The units to be withdrawn for the claim payment will be computed by using the NAV on the day of receipt of claim intimation or last requirement whichever is later.
- The claim cheque would be dispatched to the last address recorded by us
- ICICI Prudential Life Insurance Company shall be discharged of all liabilities in relation to the above claim upon receipt of claim amount by the payee mentioned above.



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|---|--|---|---|---|
|  Call Our Group Service Desk |  Visit us at www.iciciprulife.com |  Fax us at 022- 66698199 |  Write to us at Our Corporate Address |  E-mail us at grouplife@iciciprulife.com |
|---|--|---|---|---|

ICICI Prudential Life Insurance Company Ltd., Group Service Desk, 4th Floor, Stanrose House, Appasaheb Marathe Marg, Prabhadevi, Mumbai - 25.