

Health Check-up Claim Form

Important Instructions:

- The benefit under Health Check up can only be claimed for medical investigations and diagnostic tests undergone by policy holder.
- Only the person entitled to receive the policy monies as stated in the Policy Document should fill and sign this form.
- Aggregate benefit is subject to the following limits:
 - For Health Saver: ₹ 5000 or 1% of Annual Limit, whichever is lower.
 - For Hospital Care II: ₹ 4000 irrespective of plan.
- Please note that this benefit can be availed once in every two policy years after the first policy year and subject to the policy being In force.
- Please submit this form along with the requirements mentioned below.
- Please feel free to insert additional sheets if the space provided in this form is found insufficient.
- Submission of this form to the company is not to be taken as admission of liability.
- The company reserves the right to call for additional documents / requirements.
- As per the regulatory requirement, Insurers are required to pay all payouts due to policyholders / nominee / assignee by directly crediting the money into their bank account.

Documents to be submitted

- Completed filled Health Check up form in ICICI Pru Format
- Copies of all medical investigation reports
- All Original bills with payment receipt

Policy Number

Date

Policy Name

Name of Policy Holder

Mr./Ms./Mrs.

First Name

Middle Name

Surname

Address

Landmark

Pin Code

Contact Nos.

STD

Residence

STD

Office

Ext.

ISD

Mobile

E-Mail ID

Are you a Politically Exposed Person (Claimant)? Yes No

Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a **foreign country**, example, Heads of State or of Governments, senior politicians, senior government / judicial / military officials, senior executives of state owned corporations, important political party officials, etc., including their family members and close relatives. Default value will be taken as NO, if left blank.

Medical Investigation Details :

Name of Policy Holder	Date of Medical Investigation	Details of Medical Investigation	Name of Hospital/Centre Where Medical Investigation is Done	Purpose of Medical Investigation	Amount
	dd/mm/yyyy				
	dd/mm/yyyy				
	dd/mm/yyyy				
	dd/mm/yyyy				
	dd/mm/yyyy				
	dd/mm/yyyy				

Amount in words:

Total Amount in Rs.

No. of bills attached:

No. of reports attached:

Signature of Policy Holder (if Minor then Proposer)

ELECTRONIC PAYOUT OPTION (Direct transfer of funds to your Bank Account) Please submit cancelled cheque / cheque copy along with this form

Name of Account Holder _____
(as mentioned in Bank Account)

Bank Name _____

Branch Name & Address _____

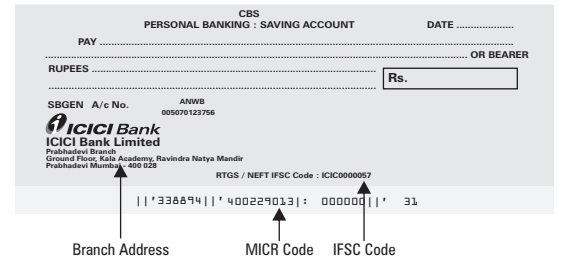
CBS Account No.

IFSC Code

MICR Code

9 digit code as appearing on the Cheque copy issued by bank. Please attach a copy of cancelled Cheque for verifying MICR code.

Account Type Current Account Saving Account



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. Further the Company reserves the right to use any alternative payout option including demand draft/payable at par cheque inspite of opting for electronic payout method. Responsibility of providing IFSC code lies with the customer. Please note that IFSC code for RTGS & IFSC code for NEFT may be different.

I will not hold ICICI Prudential Life Insurance Company Ltd. responsible in cases of non-credit to my bank account or if the transaction is delayed or not effected at all for reasons of incomplete/incorrect information provided by me in this form.

✕

Signature / Thumb impression of the Owner/ Proposer

Place: _____ Date: _____ DD/MM/YYYY

Kindly call our Customer Service Number 1860-266-7766 (local charges apply)
Call Center timings: 10.00 A.M. to 7.00 P.M. Monday to Saturday (except national holidays)



Reg No-105, Insurance is subject matter of solicitation, UIN-105N087V01.