

DEATH CLAIM INTIMATION - CUM - CLAIMANT'S STATEMENT

(Format : AO)

Guidelines / Notes:

1. Death benefit is payable subject to policy being in force on date of death.
2. Only the person entitled to receive the policy monies under the Policy should fill & sign this form.
3. Submission of this form should not be construed as acceptance of claim.
4. Please submit the form & the requirements at the nearest branch office or the address given below;
ICICI Prudential Life Insurance Company, Claims Department,
Vinod Silk Mills Compound, Chakravarti Ashok Road, Ashok Nagar, Kandivali(East), Mumbai - 400 101.
5. Early and complete submission of requirements would enable the company to process the claim at the earliest
6. Claim against more than one policies may be reported by filling single form & providing all relevant policy nos.

Policy Number(s): _____

1. Details of the Life Assured:

Full Name:	Age at Death:
Last Residential Address:	Tel. No.:
City/ Town:	Pin Code: State:

2. Details of the Claimant (person entitled to receive claim proceeds under the policy):

Full Name:	Date of Birth/ Age:
Current Correspondence Address:	Tel. No.:
City/ Town:	Pin Code: State:
Residential Status:	<input type="checkbox"/> Resident Indian <input type="checkbox"/> Non Resident Indian (NRI) <input type="checkbox"/> Other
If NRI, please state Country of Residence:	
Relationship with the Life Assured:	
Nature of title to the Policy monies:	<input type="checkbox"/> Proposer <input type="checkbox"/> Nominee <input type="checkbox"/> Assignee <input type="checkbox"/> Other _____
Please enclose a copy of Photo Identification proof (please tick whichever is applicable):	<input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> Company ID card <input type="checkbox"/> Election card <input type="checkbox"/> Credit Card with Photo <input type="checkbox"/> PAN Card <input type="checkbox"/> Bank Pass book with Photo Club card <input type="checkbox"/> If Any Other, please specify _____

Requirements to be submitted alongwith this form.

For Zero Death Benefit (Pension plan)/ Investment plans/ Paid-Up Policies:	(Please Tick)
1. Original Policy Document	<input type="checkbox"/>
2. Copy of Death Certificate issued by Local Authority	<input type="checkbox"/>
For all other plans:	
1. Original Policy Document	<input type="checkbox"/>
2. Copy of Death Certificate issued by Local Authority	<input type="checkbox"/>
3. Copy of Medico legal cause of Death Certificate	<input type="checkbox"/>
4. Medical Records (admission notes, discharge summary, test reports etc.)	<input type="checkbox"/>
5. Post Mortem Report for accidental death	<input type="checkbox"/>
6. FIR/ Panchnama/ Inquest Report for accidental death	<input type="checkbox"/>
7. Copy of Driving License if Life Assured was driving vehicle at the time of accident (applicable only if "Accidental Death Benefit Rider" is opted)	<input type="checkbox"/>

Note: The Company reserves the right to call for additional requirements, if needed

3a. Details of the Claim:

Date of Death:	
Cause of Death:	
(3b, 4 & 5 are not required to be filled in case of Zero Death Benefit (Pension plan)/ Investment plan/ Paid-Up policies):	
3b. Other Details	
Place of Death (specify the name and address of the hospital, wherever applicable):	
Name & Address of the Doctor who declared the death:	
City/ Town:	Pin Code: Tel No:
Date of Post Mortem examination:	
Date & Time of cremation/ burial:	
Name & Address of hospital where Post Mortem examination was done:	
City/ Town:	Pin Code: Tel No:
Name & Address of Police Station where FIR has been lodged:	
City/ Town:	Pin Code: Tel No:
What do you understand to be the circumstances of the Life Assured's death?	

4. Medical History of the Life Assured:

Nature of illness/ ailment:		
Duration of the illness/ ailment (specify from – to dates):		
Name & Address of the doctor/ hospital who diagnosed & treated the Life Assured:		
City/ Town:	Pin code:	Tel No:
Name & Address of Life Assured's usual/ family doctor:		
City/ Town:	Pin code:	Tel No:

5. Employment Details:

Last employer's/ business name:		
Address:		
City/ Town:	Pin Code:	Tel No:
Designation at work place/ business:		
Exact nature of job/ business:		
Date of last working day:		

6. Particulars of other Life Insurance / Mediclaim policies held by the Life Assured:

Policy No.	1	2	3	4
Name of the company:				
Commencement date:				
Sum Assured:				
Riders opted:				
Status of the Claim:				

■ I, _____ do hereby declare that the above statements are true in each & every respect. I hereby authorize any medical attendant or doctor who had attended to the above named Life Assured or employer/business associate of the Life Assured to provide any information or details as to the state of health, habits and occupation of the deceased, to the Company, within his knowledge before or after the policy was issued.

■ In case of Zero Death benefit (Pension plan)/ Investment plan/ Paid-up policies, where the Policy document is not submitted to the Company and where the total payment is not more than Rs.5,00,000/-, I, _____ hereby agree to indemnify the Company against all liabilities that the company may incur on account of any claim being made by any other person on the basis of possession of the Policy document or otherwise.

■ **For Pension Plans (if claimant is spouse of the deceased then), please mention if proceeds are to be paid in:** Lump-sum Pension

Note: Claimant, if not spouse, would get claim proceeds only in lump-sum.

(Signature / Thumb impression of Claimant)	Signature of the witness:
	Name of the witness:
	Relationship with the claimant:
Date: _____ Place: _____	Date: _____ Place: _____
Tel No.: _____	Tel No.: _____

Authorization

(To be signed by the claimant)

To,

Life Insurance Policy Number(s): _____

I, Mr./ Ms. _____ (name), _____ (relation) of Mr./ Ms.

_____ (name of the Life Assured) hereby give my consent to M/s ICICI Prudential Insurance Co. Ltd., and/ or its representative to obtain all employment/ medical/Govt. or Pvt. hospital records/ other records (including photocopies)/ information pertaining to the treatment/ occupation of the deceased.

Yours faithfully,

Signature of the Claimant

Date:

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.