

6. TREATMENT / DIAGNOSIS OF ILLNESS:

Nature of the Illness: _____
 Date of Diagnosis: DD/MM/YYYY Date of Admission: DD/MM/YYYY Date of Discharge: DD/MM/YYYY
 Name of Treating Doctor / Hospital: _____
 Address: _____ Telephone with STD code: _____
 City _____ Pin Code _____ State _____ Mobile Number: _____

7. EMPLOYMENT DETAILS:

Last Employer's/ business name: _____
 Address: _____ Designation at work place/ business: _____
 Date of last working day: _____
 Telephone with STD code: _____
 City _____ Pin Code _____ State _____ Email id: _____

8. PARTICULARS OF OTHER LIFE INSURANCE / MEDICLAIM POLICIES HELD BY THE LIFE ASSURED

Name of the Company / TPA	Policy No.	Risk Commencement Date	Sum Assured	Claim Raised Yes/No	Cause of Claim

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

Bank Account Holder _____
 Bank Name _____
 Branch Name _____
 Bank Account Number
 Bank Account Type Savings Current
 IFSC Code **» You can get this code from your bank**
 MICR Code **» You can get this code from your cheque book**

Date _____

Pay: _____
 Rupees: _____
 Or Bearer RS. _____

RTGS / NEFT IFSC Code : ICIC0000057
 ||**336644||** 4002240131:508721||** 31

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.

✕ **Signature / Thumb impression of the Claimant** Place: _____ Date: DD/MM/YYYY

FOR OFFICE USE ONLY (BRANCH OPERATIONS): Date DD/MM/YYYY

Nominee Name: _____
(Nominee Name should match with name mentioned in policy certificate)
Nominee ID & Address proof Collected Y / N **If N reason** _____
Original Policy Bond received & Original Received Stamp affixed: Y / N
Total Sum Assured _____ **Policy Status** _____
Claim Submitted By Nominee Family Member Advisor Other _____
Phone Number of Person Submitting Claim: _____
Name of the Claims Assessor contacted _____ **Phone No.** _____
Employee Name & Code _____ **SPAARC Call ID:** _____

STAMP & TIME

AUTHORIZATION / DECLARATION

To,

Life Claims Team,**ICICI Prudential Life Insurance Limited, Mumbai**

Life Insurance Policy Number (s): _____

I, Mr. / Ms. / Mrs. _____ (name), _____

(relation) of Mr. / Ms. / Mrs. _____ (name of the Life Assured), do hereby declare

that the above statements are true in each & every respect. I hereby give my consent to ICICI Prudential Life Insurance Co. Ltd. and its representatives to obtain information/ documents (including photocopies) from past and the present employer(s)/ Business Associates/ Medical Practitioners/Hospitals (Government/Private)/ Birth and Death Registrar/ Any life and non-life insurance company and Life Insurance Association's Medical Register. I hereby request the relevant authorities to release to ICICI Prudential Life Insurance Co. Ltd. and its representatives any details regarding state of health, habits and occupation of the life assured within his/ her knowledge before or after the policy was issued and ICICI Prudential Life Insurance Co. Ltd. to release to any Life and non-life insurance company/ or life insurance Association's medical register, such details and provide the record of employment/business or other details as may be considered relevant.

In case where Sum Assured is 0/ 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 lakhs, 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.

Please note: Claim benefits under Pension Products will be paid in lumpsum unless requested for periodic pension.

Yours faithfully,

Signature / Thumb impression of the Claimant/ Nominee	Name & signature of the Witness
× Submit your Identity & Address proof	
	Relation with Claimant _____
Mobile Number _____	Mobile Number _____
Place: _____ Date: DD/MM/YYYY _____	Place: _____ Date: DD/MM/YYYY _____



Toll Free No: 1800-103-6363/ 1800-22-2020

**ACKNOWLEDGMENT SLIP
(DEATH CLAIMS)**


Policy Number(s) _____

Name of Claimant _____

Branch Name & Code _____

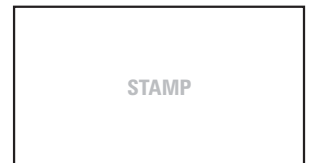
Date DD/MM/YYYY _____ Employee Name & Code _____

Documents submitted:

Original Policy Certificate Claimant's Photo Identity Proof Claimant's Address Proof

Cancelled Cheque Copy of Death Certificate issued by Local Authority

Others _____



- At ICICI Prudential Life insurance Co. Ltd our endeavor is to ensure that customer receives communication within 15 days from receipt of all requisite documents
- Where sum assured is zero (Pension Plans) fund value as on date of intimation is payable
- The acknowledgment slip should not be construed as acceptance of claim. The Company reserves the right to call for additional documents/ requirements

LIST OF VALID PHOTO IDENTITY PROOF AND ADDRESS PROOF

Photo Identity Proof (any one)	Address Proof (any one)
<ul style="list-style-type: none"> • Passport (current) • Voter's Identity Card (current) • Driving License (current) • PAN Card (current) • Bank account passbook with stamped photograph to be accepted if it is from scheduled commercial banks. • Ration Card (if with a photo) (current, and only for the person whose photo is affixed) 	<ul style="list-style-type: none"> • Passport (current) • Voter's identity Card (Name and DOB match) • Driving License (current) • Utility bill (Electricity, Phone) (not more than 6 months old) • Bank account statement (Validity 6 Months) or Passbook or letter from bank showing the address • Ration card (current) (except where such cards are prohibited from being used as proof of identity/address).

CLAIM CONTACT POINTS

Life Claim Cell: ICICI Prudential Life Insurance Co. Ltd., BSEL Tech, C-wing. 1 st Floor, Vashi, Navi Mumbai 400 703.	24x7 ClaimCare Cell: Toll Free No: 1800-103-6363 1800-22-2020	Email us: lifeline@iciciprulife.com	SMS Service: ICLAIM <space> 8 digit policy no. to 56767
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