

# CLAIMANT STATEMENT FORM (DEATH CLAIMS)

- The Claimant statement form must be filled by the beneficiary under the policy or by the legally entitled person
- Early submission of this form along with the required documents listed below, will enable us to process your claim faster
- To initiate claim processing please submit all documents
- Send all required documents to "Claim Cell" address mentioned on page 3 of this form

DOCUMENTS TO BE SUBMITTED	
Basic Documents 'Must' be submitted	Additional Documents (If sum assured greater than zero)
1. Original Policy Certificate 2. Copy of Death Certificate issued by Local Authority 3. Claimant's Current Address Proof 4. Claimant's Photo Identity Proof 5. Cancelled Cheque	<b>Accidental Death</b> 1. Copy of FIR / Panchnama / Inquest Report 2. Copy of post Mortem Report 3. Copy of Driving License if, Life Assured was driving the vehicle at the time of accident
	<b>Non Accidental Death</b> 1. Copy of Medico Legal cause of Death 2. Medical Records (Admission notes, Discharge / Death summary/ Test reports, etc.)

### 1. POLICY DETAILS:

8 Digit Policy Number(s): .....  
 (Please mention all policy numbers with ICICI Prudential Life Insurance Co. Ltd.)

### 2. CLAIMANT DETAILS (Current Residential Address should match with address proof provided):

Name: .....  
 First Name Middle Name Surname  
 Relationship with the Life Assured: ..... Date of Birth: DD/MM/YYYY  
 Address: ..... Telephone with STD code: .....  
 Mobile Number: .....  
 City Pin Code State Email ID: .....

2 a. 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.

### 3. LIFE ASSURED DETAILS:

Name: .....  
 First Name Middle Name Surname

### 4. DETAILS OF THE CLAIM:

Cause of Death:  Accidental  Non-Accidental  Suicide  Others Please specify .....  
 Exact Cause of Death (Non-Accidental): ..... Age at Death: ..... Date of Death: DD/MM/YYYY  
 Place of Death:  Hospital/ Clinic  Residence  Office  Others Please specify .....  
 Name & Address of the Doctor who declared the death: .....  
 City Pin Code State Telephone with STD code: .....  
 Name & Address of Police Station where FIR was lodged (if any) .....  
 City Pin Code State Telephone with STD code: .....

### 5. HEALTH/ HABIT DETAILS OF LIFE ASSURED:

Nature of Illness / Habit (Please select ✓/×)	Duration (since when)	If Yes, Treatment/Quantity Details
<input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes		
<input type="checkbox"/> Heart disease <input type="checkbox"/> Liver disease <input type="checkbox"/> Kidney disease <input type="checkbox"/> Cancer		
<input type="checkbox"/> Any other ailments / disorder/ surgery/ hospitalisation in last 5 yrs		
<input type="checkbox"/> Smoking <input type="checkbox"/> Alcohol <input type="checkbox"/> Tobacco <input type="checkbox"/> Drugs		

**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**

Name of Account Holder \_\_\_\_\_  
 (as mentioned in Bank Account)  
 Mobile Number 

I	S	D																	
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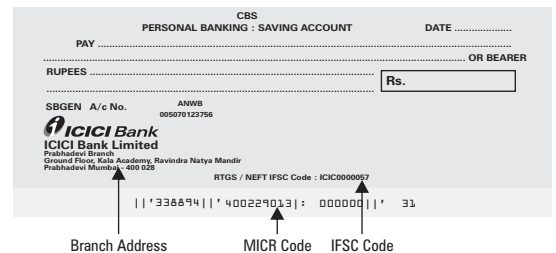
  
 Bank Name \_\_\_\_\_  
 Branch Name & Address \_\_\_\_\_  
 CBS Account No. 

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 MICR Code 

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 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.

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 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:** \_\_\_\_\_



**AUTHORIZATION / DECLARATION**

To,

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

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,

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



Customer Helpline No.: 1860 266 7766

**ACKNOWLEDGMENT SLIP  
(DEATH CLAIMS)**

Policy Number(s) \_\_\_\_\_

Name of Claimant \_\_\_\_\_

Branch Name &amp; Code \_\_\_\_\_

Date DD/MM/YYYY Employee Name &amp; 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**

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

**CLAIM CONTACT POINTS**

<b>Claim Cell:</b> ICICI Prudential Life Insurance Co. Ltd., BSEL Tech, C-wing. 1 <sup>st</sup> Floor, Vashi, Navi Mumbai 400 703.	<b>24x7 Customer Helpline No.:</b> 1860 266 7766	<b>Email us:</b> lifeline@iciciprudlife.com	<b>SMS Service:</b> ICLAIM <space> 8 digit policy no. to 56767
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