

AUTHORIZATION / DECLARATION

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

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.

Yours faithfully,

Mobile Number _____

✕

Signature / Thumb impression of the Owner/ Proposer

Place: _____

Date: _____ DD/MM/YYYY _____

Witness Authorization (Required where Owner/ Proposer has provided Thumb Impression / Signature in Vernacular Language)

Content of this form and its particulars has been explained by me in vernacular language to the Owner/ Proposer

Name of the Witness: _____ Relation with Claimant _____

Mobile Number _____

✕

Signature of the Witness

Place: _____

Date: _____ DD/MM/YYYY _____


Customer Helpline No.: 1860 266 7766

**ACKNOWLEDGMENT SLIP
 (HEALTH CLAIMS)**



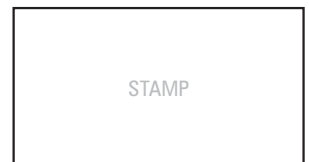
Policy Number(s) _____

Name of Claimant _____





Branch Name & Code _____

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

Documents submitted (Please select ✓/✕)	Original	Photocopy
Policy Certificate		
Discharge Card		
Investigation Reports & Bills		
Hospital / Pharmacy Bills & Receipts		
ECS and Cancelled cheque for Payment		



- 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
- The acknowledgment slip should not be construed as acceptance of claim. The Company reserves the right to call for additional documents/ requirements

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