

# Hi

Here's a guide to simplify your online buying journey. Just go through this guide once and you will be able to complete your online application process in 10 mins.

## Table of Contents

Step 1	2 to 16
Application Form	2 to 16
Benefit Illustration	2
Basic Details	3 to 11
NRI Details	8 to 11
Health Details	11 to 13
Payout Details	14
Review	15
Premium Payment	15 to 16
Step 2	17 to 19
Submit Documents	17 to 19
Documents Required	17 to 18
Other Documents	18
Contact Us	18 to 19



## APPLICATION FORM

## **BENEFIT ILLUSTRATION**

Five Years	Hi, here's is your q	ustation for ICICI P	nı Elite Life Super	
f will pay premium Monthly	Life Cover ₹ 24.00 La For 10 Years	khs		
Premium you pay (f) 20,000 Territy Theoremits Only	Premium ₹ 20,000	Frequency Monthly	Premium Payment Term 5 Years	
Policy Term 10 Years	and the second			
Sum Assured (t) 24,00,000				
Tecentry Finis Labla Grify				

tip () 1. Fill in the details:- (Follow the steps below)

- a) Like premium paying term, mode of payment of premium, premium amount etc.
- b) Then select the strategy of investment and funds you want to invest in (black box) as shown in the example below.
- c) Click to calculate.
- d) Click on the buy now button to generate your unique Application Number.
- e) Download the benefit illustration
- 2. Note down the 10 digit alphanumeric application number (OB07356359) that is generated on the screen.
- 3. You can resume your online application form in two ways in our App Tracker.
  - a. App no. and Date of Birth
  - b. Mobile no. Date Of Birth
- 4. Please keep your PAN number and KYC documents handy for easier form filling. **Click here** to know List of applicable documents.
- 5. Please note that Sum Assured/Life cover, Date of Birth, Gender, Amount of premium, are non-editable later in the application process as the Application No. is generated based on these inputs. If you wish to make any changes, start again.

## **BASIC DETAILS**

YOUR APPLICATION NUMBER IS OF	307412531		50%
Details of Life Assured			
Life Assured First Name*	Life Assured Last Name		Gender*
SHYAM	SHARMA		Male
Father's Name*	Mother's Name*		Spouse Name*
	SUSHILA SHARIVIA		DIFIKA SHARMA
Date of Birth*	Marital Status*		Occupation*
1 ~ Jan ~ 1982	~ Married	÷	Salaried ~
5 Years			
Education*	Name of Organisation*		Organisation Type*
Post Graduate	ACC Ltd	~	Public limited

#### Name

tip

You have the option to re-enter your name in the fields given.

Please enter your name as per your ID Proof. If you have a middle name for eg: Ram Kripal Yadav. Enter Ram in the First name field and Kripal Yadav in the Last name field

## Date Of Birth & Gender

You cannot edit your date of birth or gender in the application form. If you have entered incorrect DOB/ Gender. Please start your buying journey again.

#### Marital Status

Select your Marital Status from the drop down list



If you have filed for a divorce and not legally divorced yet, please select married.

#### Educational Qualifications

- 1. Select *Post Graduate*f you have completed a degree or diploma after your graduation. *eg: M.Tech / M.B.A.*
- 2. Select *Graduate* if you have completed a Bachelor's degree *eg: B.Tech / B.A*.
- Select *Diploma* if you have completed a professional diploma course after Senior Secondary (10+2)
- Select 10 th or 12 th if you have completed Senior Secondary (SSC) or High Secondary (HSC) respectively.
- 5. Select *Below 10 th* if you have completed any standard below High School.

## Occupational

- 1. Select *Salaried* if you are working for an organisation on its payroll.
- 2. Select *Agriculturalist* if you belong to any act of soil cultivation (Cultivator, farmer etc)
- 3. Select *Professional* if you are a certified professional and practice the same profession independently like doctor, CA, Lawyer etc.

tip 🖗 If you fall under professional and your profession is not mentioned in the drop down. Please select 'others' and describe your profession.

4. Select **Self-employed** if you are a business person.



If you are a business person running a company, select Self employed and further mention the name of your organisation and organisation type.

- 5. Select *Retired* if you have retired from a job and not working anywhere.
- 6. Select Student if you are enrolled in a full time course
- 7. Select **Others** if you do not belong to any of the above occupation and give a brief description of your occupation in the Occupation Description box. For eg:Supervisor, Commission agent, contract worker etc

#### Organisation Details

Select the name of your organisation from the drop down

tip 🍃

Organisation names are updated periodically. If your organisation name is not mentioned in the drop down, select "others" and enter the name of your organisation along with organisation type.

## Organisation Type

- 1. Select *Public Limited* if the company is listed in stock exchange like Infosys Ltd
- 2. Select *Government* if you are in a state or central government run organisations like Indian railways



Select Public Limited for government organisations which are listed in stock exchange eg: NTPC, ONGC

- 3. Select *Private Limited* by checking on the company documents for the full name of the organisation, usually private limited companies use abbreviation like Pvt. Ltd. after their names.
- 4. Select *Proprietor* of the Company is run by a single owner, usually nascent start-ups, and very small organisations.
- 5. Select *Trust* If you are working for a non-profit organisation, an educational institution, or a non-profit healthcare organisation
- 6. Select *Partnership* if it is a partnership firm
- 7. Select *Society*, if it is a group that is formed for a specific purpose, for example Residents Welfare Society, etc

8. Select *Hindu Undivided Family*: If you belong to or working for Hindu Undivided Family. It is a class of business being run on an inherited property by a member of the family.



Please select the above to the best of your knowledge:
Use case 1: Mr. Suresh Sharma is working in a software company as a software engineer.
He will fill up his occupation details as follows:
Occupation: Salaried
Organisation name: Abc software Pvt Ltd.
Organisation type: Private Limited

Use case 2: Mr Kamal Kishore Mishra, an accountant in Madhur residential building. He will fill up his details as follows: Occupation: Other Occupation description: Accountant Organisation name: Others, Organisation name description: Madhur Cooperative Hsg society Orgnisation type: Society

#### Trade

- 1. If you are employed in export, jewellery, real estate, scrap dealing, shipping, stock broking or agriculture, select Yes.
- 2. If you selected yes for 'Point No. 1' you need to select your activity type from the drop down list.



CICICI PRIDENTIAL			Welcome, 🗠
YOUR APPLICATION NUMBER IS OB	07412531		50%
PAN*		Annual Income(₹)*	00/0
AYIPW0941D	Aadhaar No		10,00,000
		Ten Lakh Only	
	Objective of buying policy*		
CKYC Number	Both (Protection & Saving)		
Age Proof* Passport ~	1		
Address Proof*			
Aadhaar Authentication	17		
Income Proof*			
Income Tax Returns (Last 3 Years)	n		
Identity Proof*			
Pan Card 🗸	n		
ID Number*			
AYIPW0941D			GET A CA

#### PAN Number

Provide your alphanumeric PAN number (10 digit) here; for example: AAKVP1938L



PAN Card will be used as a valid Age and ID Proof.

## Aadhar Number

You may also provide your Adhaar No.(12 digit) though it is not mandatory



Aadhar Card can be used as a valid Age, Identity and Address Proof

## Policy Objective

- 1. Select the objective of buying a policy from drop down.
- 2. Select "Protection" for iProtect Smart.

## Age Proof

## 1. Click here to refer eligible age proofs and upload the same



Aadhaar card, Passport and Driving License are commonly used age proofs, which are also used as ID and address proofs.

## Annual Income

## 1. For total annual income field, enter the amount that is mentioned in your income proof.



*Use case1* : If you are salaried and you have received a bonus in this financial year, please enter following amounts:

- a. Total of annual salary + bonus, if your income proof is salary slips(last 3 months) and Bonus is a part of those slips
- b. Total annual salary, if your income proof is salary slips(last 3 months) and bonus is not a part of those salary slips
- c. Total annual salary of last year, if your income proof is previous years ITR/ Form 16



*Use Case 2*: If you have recently got a hike or moved to a different company with a hike, please enter following amounts

- d. New annual salary, if your income proof is last 3 months salary slips with the new salary
- e. New annual salary, if your income proof is your appointment letter and you are less than 3 months old in the new organisation
- f. Old annual salary, if your income proof does not reflect updated salary

## Politically Exposed

Select Politically Exposed person, If you or a member of your family or close relatives hold important positions in political parties, Judicial/ military officials, senior executives of state owned corporations.

## **EIA**

1. Enter Electronic Insurance Account (EIA) if you already have an EIA account.



EIA is a free of cost repository which keeps all your policies in electronic form. If you do not have an EIA: <u>from the drop down select one of the options to apply or select not interested</u>



YOUR APPLICATION NUMBER IS OB0	7412531	50%	
Select Repository* Not Interested	~		Co-
Nominee Details			brows
Nominee First Name* DIPIKA	Nominee Last Name* SHARMA	Gender MALE FEMALE	ing
Your nominee is your* WIFE V	Nominee's Date of Birth* 2  V Mar  V 1985  V 32 Years		
Enter details of your previous policy(ie	s)		
Do you hold any Life Insurance Policy(ies) If you are an existing customer, we will have your de	other than ICICI Prudential? tails. Please select other life insurance policy(ies).	× No	
	CONTINUE		

#### Nominee Details

Enter Nominee name/ gender / relation and date of birth

- **tip** 1. If your nominee is a minor (less than 18 years old), you will have to enter the details of an appointee who will be authorised to act on behalf of the nominee, till your nominee is legally 18 years old. Appointee must be 18 years old.
  - 2. Ensure correct details of the nominee or appointee are entered. This will help in easier claim process.

#### Previous Policy Details

- 1. Enter details of *Non ICICI* Prudential Life insurance policies which are inforce/active
- 2. Select Name of the insurer from the drop down and enter the life insurance cover/sum assured.
- 3. Click on "Add another Policy" if you have more than one life insurance policies from other life insurers.



In case of ULIPs enter the Sum Assured or Life insurance Cover amount and not the fund value/ premium amount.

VFATCA and CRS details  We are a tax resident of ONLY India  NPAN Issuing Country* Idia  IN/PAN Issuing Country 4  IN/PAN Issuing Country 2* Oman  IN/PAN Issuing Country 3  IN/PAN 3	(*) No
ve are a tax resident of ONLY India  PAN Issuing Country* fia  PAN 2*  XXXXXXXX X X X X X X X X X X X X X X	(X)NO
INPAN Issuing Country*     TIN/PAN     TIN/PAN issuing Country 2* Ornari       dia     AYIPR0941F     Ornari       INPAN 2*     TIN/PAN issuing Country 3     TIN/PAN 3	~
KYXXXXXXX × TIN/PAN issuing Country 3 V TIN/PAN 3	
y birth country is India This information is required to be collected as per The Income Tax Act, 1961 to comply with FATCA and CRS regu tinue to report the above information 'As is' till we receive any change request from you*	ations. We will
onality and Resident Status	

## FATCA and CRS

- 1. Please select No for the field ["I/we are a tax resident of ONLY India"] if you are a NRI, so that you don't miss the questionnaire which is mandatory to fill for NRIs. (shown in black box)
- 2. Please enter every country's name and Tax identification number of which you are a tax resident.
- 3. If your Birth Country is not India then select NO. Please provide the Country and Place of your Birth..
- 4. Tick the check box.

#### Nationality and Resident Status

- 1. Select Indian if your nationality is Indian.
- 2. SelectNRI if in any previous year you are not in India for:
  - a. 182 days or more in that financial year, OR
  - b. 60 days or more during that financial year AND 365 days or more during 4 previous years immediately preceding relevant financial year.
- 3. Once you select NRI fill the Nationality and Name of the country you resides in.

		and the second se
I Details		
ssport Number* DD99999G	Purpose of Your Stay Abroad* WORK	Employer/University Details* 3M INDIA LTD
te of Arriving In India* ⇔ Jan ⇔ 2017 ↔	Date of Leaving India After Current Visit* 6 Sep - 2017 -	
ration of Stay Abroad ar* 6		
I Travel Details		
Yes O No y Travel Details* INGAPORE AND CHINA ANDJAPAN		
y Travel Details* INGAPORE AND CHINA ANDJAPAN		

## NRI Details

- 1. Provide your 8 digit Passport Number and purpose of your stay abroad (for ex. Work/ Study)
- 2. Provide the employer name you are working with, or Name of the university if purpose of stay is study.
- 3. Select the date when you are coming to India and leaving India after current visit.
- 4. You have to provide the Total duration of your stay abroad.

## NRI Travel Details

1. Click yes if your Job/Business requires you to travel other countries also, Please write the name of the countries.

## Type of bank account held

1. Tick on what type of account you have



- 1. NRE:-An NRE (Non-Resident External) Account is a savings account maintained in where you invest your foreign income earned outside India.
- 2. NRO:-An NRO (Non-Resident Ordinary) savings account is where you can maintain and manage your income earned in India such as rent, dividends, pension etc.

YOUR APPLICATION NUMBER IS OB074	12531	0004
Marillon (Communication Adds		60%
Mailing/Communication Address		1.00 M
Line 1*		
Characters left : 30		
Line 2		
Characters left: 30		
Line 3		
Characters left: 30		
Landmark		
Provide and the second s	(Sh.4	

#### Communication Details

- 1. Please enter details as per your address proof
- 2. Enter your permanent address, if it is different than your communication address.
- 3. Provide Pin Code:-

Please provide your 6 digit area Pin code (Postal code or Po box no or Zip code.) If not available then write 999999 in the space.

4. Once you select Country the column of State will be filled automatically.



You have to select Country first.

5. Please verify your mobile number and email address

YOUR APPLICATION NUMBER IS OB07412531	60%	
NRI Disclaimers		
<ol> <li>These applications shall be processed and underwritten in India and any contract emana jurisdiction. The contract/policy shall be solely governed and construed in accordance with conflict of laws principles. Further, any dispute arising out of the contract/policy shall be su of Mumbai.</li> </ol>	ting there from shall be subject to Indian the laws of India without any reference to the bject to the exclusive jurisdiction of the court	
2. All policy related communication shall be sent to the communication addresses of India,	Bahrain and Dubai.	
<ol><li>This document/application does not constitute the distribution of any information or the jurisdiction in which such distribution or offer is not authorised or to any person to whom i make such an offer or solicitation.</li></ol>	making of offer or solicitation by anyone in any t is unlawful to distribute such a document or	
I hereby declare and confirm that I am a resident of Oman for taxation purposes for th onwards. In case of any further changes in my residential status, I shall inform the same to	e current financial year 2017-2018 and here- the Company with the relevant documents.*	
I hereby declare and confirm that I am applying for this policy while I am in India/Bahr indicated in the application form appended.*	ain/Dubai and I reside in the country as	
I hereby declare and confirm that I am allowed to procure/obtain life insurance policie Company Ltd.*	s offered by ICICI Prudential Life Insurance	
I hereby declare and confirm that I am not prohibited/precluded by the laws of any co from insurance companies registered in India.*	untry/jurisdiction to avail life insurance policies	

#### NRI Disclaimers

Please read all the disclaimer carefully and accept to proceed. Click in the boxes to accept and proceed.

HEALTH DETAILS	
	Welcome, 🗸
YOUR APPLICATION NUMBER IS <u>OB07412531</u> Habits and Health Details of SHYAM SHARMA	<mark>70%</mark>
Height in ft*     OR     Height in cm*     Weight in 85       6 feet     OR     183     85	kgs* X
Do you consume or have ever consumed narcotics?*	×No
Do you consume or have ever consumed tobacco?*	× No
Do you consume or have ever consumed alcohol?*	× No

## LIFE ASSURED HABIT AND HEALTH DETAILS

#### 1. Provide your physical attribute details here

- a. **Height** : Enter your height (Feet) by typing in the fields given. Height in Cms will automatically appear.
- b. Weight: Enter your weight in KGs



Provide information to the best of your knowledge

## tip 🍃

- 1. Once selected at the start of the buying journey, this option cannot be edited here. (Only for Tobacco Consumption)
- 2. Mark "No" if you have stopped consumption of tobacco or alcohol from the last five years. If you are an occasional smoker or social drinker. Please select the minimum quantity as applicable.

For eg: If you have started drinking 5 years back but you drink (mostly beer) only twice in a month, please mention details as below:

Alcohol consumed as: Beer (Bottles)

Quantity per day: 1-2

Since how many years: 4

## 3. Do You Consume Or Have Ever Consumed Alcohol?

4. Do You Consume Or Have Ever Consumed Narcotics?

## 5. Have you ever suffered or being diagnosed or been treated for any of the following?

tip 🍃

Please go through this in advance, it helps in quick selection during application form filling and select "No", if none is applicable

YOUR APPLICATION NUMBER IS OB06586264		70%	6
Have you ever suffered or being diagnosed with or be	een treated	for any of the following?	Yas 🕜
Hypertension/ High BP/ high cholesterol	× No	Chest Pain/ Heart Attack/ any other heart disease o problem	(X NO
Undergone angioplasty, bypass surgery, heart surgery	× No	Diabetes/High Blood Sugar/Sugar in Urine	(X) NO
Asthma, Tuberculosis or any other respiratory disorder	×No	Nervous disorders/ stroke/ paralysis/ epilepsy	X No
Any GastroIntestinal disorders like Pancreatitis, Colitis etc.	× No	Liver disorders/ Jaundice/ Hepatitis B or C	× No
Genitourinary disorders related to kidney, prostate, urinary system	X No	Cancer, Tumor, Growth or Cyst of any Kind	(X) NO
HIV infection AIDS or positive test for HIV	× No	Any blood disorders like Anaemeia, Thalas	

- a. Hypertension/High BP/high cholesterol
- b. Chest Pain/Heart Attack/any other heart disease or problem
- c. Undergone angioplasty, bypass surgery, heart surgery
- d. Diabetes/High Blood Sugar/Sugar in Urine
- e. Asthma, Tuberculosis or any other respiratory disorder
- f. Hypertension/High BP/high cholesterol
- g. Chest Pain/Heart Attack/any other heart disease or problem
- h. Undergone angioplasty, bypass surgery, heart surgery
- i. Diabetes/High Blood Sugar/Sugar in Urine
- j. Asthma, Tuberculosis or any other respiratory disorder
- k. Nervous disorders/stroke/paralysis/epilepsy
- I. Any Gastrointestinal disorders like Pancreatitis, Colitis etc.
- m. Liver disorders/Jaundice/Hepatitis B or C
- n. Genitourinary disorders related to kidney, prostate, urinary system
- o. Cancer, Tumor, Growth or Cyst of any Kind
- p. HIV infection AIDS or positive test for HIV
- q. Any blood disorders like Anemia, Thalassemia etc
- r. Psychiatric or mental disorders
- s. Any other disorder not mentioned above

(contd.)

tip If you have suffered with any of the above mentioned in the past, please mention the year in which it had happened in the remarks field below the health questions. If required, Mail those reports to **buyonline@iciciprulife.com** 

For faster issuance, if you have done a medical examination in the last 1 year from the date of the policy purchase, please share the same with us on **buyonline@iciciprulife.com** 

OUR APPLICATION NUMBER IS OB06586264	70%
Are you employed in the armed, para military or police forces ?(If yes, please provide Rank, Department/Division, Date of last medical & category after medical exam),*	× No
Do you have any Congenital Defect/Abnormality/Physical Deformity/Handicap?*	× No
Family details of the life assured linclude parents/sibling) Are any of your family members suffering from /have suffered from/have died of heart disease,Diabetes Mellitus, cancer or any other hereditary/familial disorder, before 55 years of age.if yes please provide details below.*	× No
Have you undergone or been advised to undergo any tests/investigations or any surgery or hospitalized for observation or treatment in the past?*	× No
Did you have any ailment/injury/accident requiring treatment/medication for more than a week or have you availed leave for more than 5 days on medical grounds in the last two years?"	8 No
Is your occupation associated with any specific hazard or do you take part in activities or have hobbies that could be dangerous in any way ? (eg - occupation - Chemical factory, mines, explosives, radiation, corrosive chemicals & hobbies - aviation other than as a fare paying passenger, diving, mountaineering, any form of racing, etc.)*	× No
Have you lost weight of 10 kgs or more in the last six months?*	

- 6. Is your occupation associated with any specific hazard or do you take part in activities or have hobbies that could be dangerous in any way ? (eg - occupation - Chemical factory, mines, explosives, radiation, corrosive chemicals j - aviation other than as a fare paying passenger, diving, mountaineering, any form of racing, etc )
- 7. Are you employed in the armed, para military or police forces? (If yes, please provide Rank, Department/Division, Date of last medical & amp; category after medical exam)?
- 8. Family details of the life assured(include parents/sibling) Are any of your family members suffering from /have suffered from/have died of heart disease, Diabetes Mellitus, cancer or any other hereditary/familial disorder, before 55 years of age. if yes please provide details below?
- 9. Have you lost weight of 10 kgs or more in the last six months?
- 10. Do you have any congenital defect/abnormality/physical deformity/handicap? two years?
- 11. Have you undergone or been advised to undergo any tests/investigations or any surgery or hospitalized for observation or treatment in the past?
- 12. Did you have any ailment/injury/accident requiring treatment/medication for more than a week or have you availed leave for more than 5 days on medical grounds in the last two years?



If any of the above is applicable to you, please mention brief details in remarks field below the health questions

(contd.)

		Welcome, 🗸
YOUR APPLICATION NUMBER IS OB07412727		80%
Set Payout Details (ICICI Prudential will pay all future payout/ Name of the Account Holder* SHYAM SHARMA	/maturity in the give	n account) Bank Account Number*
IFSC Code*		MICR Code*
Select Account Type*	~	Bank Name*
		CONTINUE

- 1. Provide Name of the Account holder and Bank Account number in which the future payout will be paid. **This can be changed in the future also**.
- 2. Once you put IFSC code MICR Code and Bank Name will fill automatically.

OUR APPLICATION NUMBER IS	0B07412531	85%
Enter OTP		RE-GENERATE SUBMIT
ease enter the proposal consent code sent on your mo	bile no. This will waive off your CDF	
ease enter the proposal consent code sent on your me oustomer Declaration Form).	bbile no. This will waive off your CDF	
ease enter the proposal consent code sent on your me bustomer Declaration Form).	bbile no. This will waive off your CDF	
ease enter the proposal consent code sent on your me oustomer Declaration Form). Product Details	bbile no. This will waive off your CDF	
ease enter the proposal consent code sent on your me bustomer Declaration Form). Product Details Product Name ICICI Pru Elite Life Super	bbile no. This will waive off your CDF Premium Paying Term <b>20</b>	Frequency <b>Yearly</b>

## **OTP**

tip

Verify with one time password that is sent to your mobile number given in the application form.

1. OTP verification is mandatory for Policy issuance as per IRDAI.

2. If you skip this here, it comes two more times in your buying journey



Details of SHVAM SHARMA			Ed
Details of SITTAM SHARMA			Eu
Gender	Father's Name	Mother's Name	
MALE	HARISH SHARMA	SUSHILA SHARMA	
Spouse Name	Date of Birth	Marital Status	
DIPIKA SHARMA	01-Jan-1982	<b>Married</b>	
Occupation	Education	Annual Income (□)	
Salaried	Post Graduate	10,00,000	
Organisation ACC Ltd	Organisation Type Public limited		
Are you engaged in any of the men Stock Broking & Agriculture)	tioned industries(Export, Jewellery, Real Estate, Scra	p Dealing, Shipping,	No
PAN	Objective of buying policy	Age Proof	
AYIPR0941F	Both (Protection & Saving)	<b>Passport</b>	
Address Proof	Income Proof	Identity Proof	
Aadhaar Authentication	Income Tax Returns (Last 3 Years)	Pan Card	
ID Number			

- 1. You can review the entire application details form and edit details if required. By clicking the *EDIT BUTTON* on the top right side of every field. (Shown in the Black Box)
- 2. Tick on the declaration mentioned at the end of the review to continue with payment.

tip Please review and edit details here, you will not be able edit information if you move to the payment page

## **PREMIUM PAYMENT**

	Web	ome, 🤝
YOUR APPLICATION	NUMBER IS 0B06586264 90%	
Select Source of Fund	ds	
Source of Fund*		-
Please Select Source of Fund		
-		-
Premium paid by a pe	erson other than Proposer (If yes, please submit third party declaration and Payer's KYC)*	× No
Premium paid by a pe Select Payment Optio	erson other than Proposer (If yes, please submit third party declaration and Payer's KYC)#	X ND
Premium paid by a pe	erson other than Proposer (If yes, please submit third party declaration and Payer's KYC)*	X No
Premium paid by a pe Select Payment Optio	erson other than Proposer (If yes, please submit third party declaration and Payer's KYC)*	X No
Premium paid by a pe Select Payment Option Credit Card Bebit Card	erson other than Proposer (If yes, please submit third party declaration and Payer's KYC)*	XND
Premium paid by a per Select Payment Option Condit Card Debut Card	erson other than Proposer (If yes, please submit third party declaration and Payer's KYC)*	XID
Premium paid by a pe Select Payment Option Crookl Card Debit Card	Card Type Card Type Con	XIND

## SOURCE OF FUNDS

## Select source of funds as applicable



If you do not fall in any of the options mentioned in the drop down. Select others and give a description.

*For eg:* If you are a freelance writer, select others and mention freelance writing remuneration. If you fall in more than one category, select the ones as per your income proof.

- 1. If the payer is other than the policy holder, please keep a third party declaration in the below format ready and also submit payers KYC
- 2. You can choose to pay from various available options
  - a. Credit Card
  - b. Debit card
  - c. Net banking
  - d. Wallet



- 1. In case of Credit card, tick on the set up standing instructions options. This will ensure that your premiums are paid on time and your policy stays inforce/active.
- 2. Wallet option for payment is not available for monthly premium payment.



## SUBMIT DOCUMENTS

- 1. Upload the list of documents as applicable
- 2. File size limit for the documents should not be more than 2 mb

tip



## Along with your photo, we require only 3 documents to issue a policy.

**tip** 1. For upload, file size limit per document should not be more than 2 MB.

- 2. Keep these documents handy. This helps you fill up the application for much more quickly.
- 3. A readable scan copy/ camera pic of these documents will be good, and allow you to submit the documents online.

## PAN CARD

## Entering your PAN Number is mandatory



tip

PAN Card will be used as a valid Age and ID Proof. You have to submit signed copy of your PAN card or FORM 60

## AGE, ID & ADDRESS PROOF

- 1. Current Passport
- 2. Current Driving License
- 3. Scan image of both side of Aadhar card (12 digit UID number)

If you submit *ANY ONE* amongst the above 3 documents, you will not have to submit any additional document for Age • ID • Address proof.

If you do not have any of the above and want to know list of alternate documents, Click Here

## PASSPORT

Submitting passport is mandatory and you can submit it as an Age, ID and address proof also.



Signed Copy of the first two and last two pages of your Passport for Identity proof

## **VISA AND IMMIGRATION STAMP**

Submitting one out of two is mandatory.

## **OTHER DOCUMENTS**

1. Income proof

- i. Bank statement (Latest 6 Months Bank statement)
  - or
- ii. Salary Slip (Last 3 months)
- 2. Canceled cheque of your (NRE/NRO) bank account

## **CONTACT US**

#### Buying Assistance

We understand that most of you would be new to making investments online and hence, We have set up a team of executives who can help you and guide you through the process.

The team is available from Monday to Saturday between 10 am to 6pm. You can get an instant call back for any clarification or assistance you need while filling the online application form from our team of executives. Simply click the 'Get a call back' button on the application form and one of our experts will call you instantly and guide you through the product queries and purchase process.

We have also introduced a **Co-browsing** feature which will allow you to share your screen with our expert who can help you in completing your application and documentation process.



#### **QUOTATION - PREMIUM AND BENEFIT CALCULATOR**

ive rears	Hi, here's is your quotation for ICICI Pru Eine Life Super			
will pay premium Monthly	Life Cover ₹ 24.00 Lakhs For 10 Years			
temsum you pay (? ) 20,000	Premium	Frequency	Premium	
winty Thiseasod Only	₹ 20,000	Monthly	Payment Term	
olicy Term 0 Years	-	12.5	o louis	
ium Assured (? )				

#### Service Assistance

We provide dedicated online support for any of your policy servicing requirements. Here are the various ways you can connect with us.



#### Email

Send us an email through your registered email id on **buyonline@iciciprulife.com** 



Facebook

Direct message us on Facebook or scan



**Twitter** Direct message us on Twitter or scan



#### Email: lifeline@iciciprulife.com

Call Center International Customer Service Helpline: +91-22-6193 0777 Timings: Available 24X7 (except national holidays)