

CLAIM STATEMENT FORM - LENDER BORROWER GROUP

(Please note: This form should be used only for Credit Life policies)

MANDATORY DOCUMENTS REQUIRED FOR MAKING A CLAIM

Death claim:

1. Dully filled and signed Claimant statement form.
2. Copy of death certificate of the Life Assured, issued by government authority
3. Claimants current address proof *
4. Claimants photo identity proof *
5. Copy of cancelled cheque / bank statement / bank passbook of the claimant
6. In case death due to unnatural causes such as Accidents (Road / Rail / Air etc), Murder, Suicide,
 - a. First Information Report (FIR), Inquest Panchnama / Final police investigation report from the police authority
 - b. Post Mortem Report (PMR), Viscera / Chemical examination Report/ Forensic Science Laboratory (FSL) Report issued by the hospital.
 - c. Driving License (of the Life Assured driving the vehicle in case of death due to a road accident)

* Any one of the officially valid documents such as Aadhar Card, Passport, Driver's License, Voters ID

Note:

- Documents required from Master Policy holder to process the claims; 1. Credit Account Statement. 2. Information and documents pertaining to the Member.
- Turnaround time for claim processing will start only after receipt all mandatory documents.
- The Company reserves the right to call for additional documents / requirements.
- This form needs to be filled by the Nominee with complete and correct information as these details are important for claim processing.
 - a. In case the Nominee under the policy is minor, Guardian/ Appointee may fill the Form and Guardianship Certificate to be submitted along with valid age proof of nominee in addition to the documents mentioned above.
 - b. In the event of death of the Nominee under the policy, Legal Heir of the Life Assured/ Nominee can submit a claim by providing any one of the following additional mandatory documents:
 - Nominee Death Certificate along with Succession Certificate, OR
 - "Will" of the Life Assured or the Nominee who died last, OR
 - Notarised Indemnity along with Affidavit of Rs 1,000/- from the current claimant along with No Objection Certificate from the remaining Legal Heirs, OR
 - Final Court order, if any

POLICY DETAILS:

Master Policy number(s): _____ Master Policyholder: _____

Member Name: _____

Member ID/Loan Account number: _____

Date of Death/ Event: DD/MM/YYYY

Cause of Death: ☐ Accidental ☐ Non-Accidental ☐ Suicide ☐ Others Please specify _____

SECTION I – INFORMATION OF CLAIMANT/ NOMINEE:

Claimant / Nominee Name: _____

Address: _____

City: _____ State: _____ Pin Code: _____

Contact details : Phone No: _____ Mob No: _____ What's app opt in: ☐ Yes ☐ No

Email ID: _____ Relationship with Member: _____

Date of Birth: DD/MM/YYYY Country: _____ Nationality: _____ PAN No.: _____

CLAIMANT / NOMINEE ELECTRONIC PAYOUT OPTION

Bank Name: _____

Branch Name & Address: _____

Bank Account Number: _____

IFSC Code MICR Code

SECTION II AUTHORIZATION AND DECLARATION

- i. I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions.
- ii. I confirm that I am aware of the assignment of the policy and I provide by consent to ICICI Prudential to process the payment of outstanding loan amount as on the date of occurrence of the contingent event to the master policyholder. I also confirm that I have verified the outstanding loan amount in the credit account statement.
- iii. I hereby declare that the particulars given in this form are true, correct and complete in all aspects and I take full responsibility of the genuineness and correctness of the details filled herein.
- iv. I hereby declare that I will complete all requirements and submit all documents as sought by the insurer for the purpose of evaluation of claim
- v. If any transaction is delayed or not effected at all or for non-receipt of any payment on account of wrong/ incorrect/ incomplete information given by me in this form, I shall not hold the company responsible in any manner whatsoever.
- vi. I hereby give my consent to ICICI Prudential Life Insurance Co Ltd and its representatives to obtain additional documents and/or information as is required to settle this claim and I request the relevant authorities to release the sought information to ICICI Prudential Life Insurance Co Ltd and its representatives.
- vii. I hereby agree to indemnify ICICI Prudential against all liabilities that ICICI Prudential may incur on account of any claim being made by any other person on the basis of possession of the Policy document, Certificate of insurance or otherwise.
- viii. By submitting my details, I override my NDNC registration and authorise ICICI Prudential Life Insurance and its representatives to contact me through call, SMS, WhatsApp and E-mail. I further consent to share my information on confidential basis with third parties for evaluating and processing this proposal.

Date: DD/MM/YYYY

Place: _____

Name & Signature of the Nominee / Claimant

SECTION III - DECLARATION BY THE MASTER POLICYHOLDER

a) Sum Assured for which the member of the Group Insurance Policy was insured	
b) Original Amount of Loan (A)	
c) Particulars of the recoveries made by the Master Policyholder towards the Loan	
d) Outstanding Loan Balance as on the date of happening on the contingent event covered. (Amount Payable to Master Policyholder) (B)	
e) Balance Claim Amount (Amount Payable to nominee) (A-B)	

The above mentioned details if provided then Credit Account Statement is not required

Risk commencement date: DD/MM/YYYY

The above mentioned information/ details are verified and accurate

The Insured member/ Nominee/ Beneficiary who had submitted the Claim Statement form is the same person who has been registered by the Master Policy holder as the Insured Member/ Nominee/ Beneficiary under the Group Master Policy.

Date: DD/MM/YYYY

Place: _____

Office Seal & Designation

Name & Signature of the Master Policy Holder