

**Claimant Statement Form for
Group Loan Secure Product (GLS) & GT4 / GT5 product**
(For Lender- Borrower scheme)

1. POLICY DETAILS:

Policy Number(s):

Name of Master Policy Holder

Member Identification Number Loan disbursement date

Name of the Deceased Group Member

Date of Birth Date of Death (DOD)

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

Place of Death: Hospital/ Clinic Residence Office Others Please specify _____

Name of Beneficiary

Address of Beneficiary

State: Pin Code: City:

Contact details Phone No: Mob No:

Email ID: Relationship of Beneficiary with Deceased member

Name of Doctor who certified the death of the Life assured

Address of Doctor

State: Pin Code: City:

Contact details Phone No: Mob No:

Applicable for Group Loan Secure product only

Sum assured at the inception of the policy Original amount of the loan (A)

Outstanding loan balance as on date of death of the Life assured (B) Balance claim amount payable to the Nominee (A-B)

2. THE FOLLOWING DOCUMENTS ARE TO BE SENT ALONG WITH THIS CLAIM FORM.

Documents to be submitted	Yes	No		Yes	No
a. Original Policy certificate	<input type="checkbox"/>	<input type="checkbox"/>	d. Claimants photo identity proof	<input type="checkbox"/>	<input type="checkbox"/>
b. Copy of death certificate issued by local authority.	<input type="checkbox"/>	<input type="checkbox"/>	e. Cancelled cheque/ Copy of bank passbook*	<input type="checkbox"/>	<input type="checkbox"/>
c. Claimants current address proof	<input type="checkbox"/>	<input type="checkbox"/>			

*As per regulatory requirement, Insurers are required to pay all payout due to policyholders/ nominee/ assignee by directly crediting the money into their bank account.

ADDITIONAL DOCUMENTS FOR:

Accidental Death- (In case of Rider claim)

Copy of FIR, Panchnama, Inquest report, Postmortem report, Driving Licence

Critical Illness Claim-

1. Original Policy Certificate
2. Definition Fulfillment Document
3. Cancelled Cheque for processing electronic payment

3. 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: Bank name:

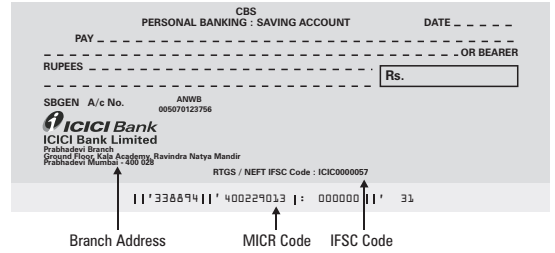
Branch name & address:

Bank account no.:

MICR code:

9 digit code as appearing on the Cheque copy issued by bank.
 Please attach a copy of cancelled Cheque for verifying MICR code.

IFSC code:



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.

x
 Signature / Thumb impression of the claimant

Place: Date: DD/MM/YYYY

4. ICICI BANK Account details, if any, held in the name of Life Assured* (This information will be passed onto ICICI Bank for closure formalities):

ICICI Bank account number:

AUTHORIZATION / DECLARATION

Insurance Policy Number (s):

I, Mr. / Ms. / Mrs. (Name of the claimant) (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 hospital/ 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 zero / Investment plan / Paid-up policies, where the Policy document is not submitted to the Company and where the total payment is not more than ₹ 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 lump-sum unless requested for periodic pension.

Yours faithfully,

We hereby declare that all the above answers are true in every respect.

Place: Date: DD/MM/YYYY

x
 Signature of the Master Policy Holder

x
 Office Seal & Designation

x
 Name & Signature of the Nominee / beneficiary

FOR OFFICE USE ONLY (BRANCH OPERATIONS):

Claim submitted time: Before 3 pm After 3 pm

Nominee name:
 (Nominee name should match with name mentioned in policy certificate)

Nominee ID & address proof collected Y / N If N reason:

Policy status:

Claim submitted by Nominee Family member Advisor Other (Please specify)

Name of the claims assessor contacted: Phone no.:

SPAARC call ID:

STAMP & TIME

Please scan the documents in Omni docs under Claim service documents

*Please note the company is only facilitating the closure of the account and shall not be held responsible in case of any delay or failure on part of the bank to close the account. For any clarification in this regards, you are requested to directly coordinate with the bank.

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



- 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

CLAIM CONTACT POINTS

 <p>Claim Cell: ICICI Prudential Life Insurance Co. Ltd. 1st Floor, C wing, Office No. 115, 116, 117, BSEL Tech Park , Opp. Vashi Station, Sector 30 Vashi, Navi Mumbai - 400706.</p>	 <p>24x7 ClaimCare Cell: Customer Care No: 1860 266 7766 Call Center timings: 10.00 A.M. to 7.00 P.M. Monday to Saturday (except national holidays)</p>	 <p>Email us: lifeline@iciciprulife.com</p>	 <p>SMS Service: ICLAIM <space> 8 digit policy no. to 56767</p>
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